

Additional Information Regarding Proposed EP Clinical Quality Measures for 2014 EHR Incentive Programs

The table below entitled “Proposed Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals” contains additional information for the EP clinical quality measures proposed in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Proposed Rule. Public comments regarding these measures should be submitted using the same method required for all other comments related to this proposed rule. Please note the titles and descriptions for the clinical quality measures included in this table were updated by the measure stewards and therefore may not match the information provided on the NQF website. Measures that do not have an NQF number are measures that are not currently endorsed.

Proposed Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0001	Asthma: Assessment of Asthma Control	Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated at least once for asthma control (comprising asthma impairment and asthma risk).	<p>Patients who were evaluated at least once for asthma control</p> <p>Definition:</p> <p>Evaluation of Asthma Control- Documentation of an evaluation of asthma impairment which must include: daytime symptoms AND nighttime awakenings AND interference with normal activity AND short-acting beta2-agonist use for symptom control</p> <p>AND</p> <p>Documentation of asthma risk which must include the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months</p> <p>Numerator Instructions: Completion of a validated questionnaire will also meet the numerator requirement for the asthma impairment component of the measure. Validated questionnaires for asthma assessment include, but are not limited to the Asthma Therapy Assessment Questionnaire [ATAQ], the Asthma Control Questionnaire [ACQ], or the Asthma Control Test [ACT]</p>	All patients aged 5 through 50 years with a diagnosis of asthma during the one-year measurement period	American Medical Association	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=366</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0002	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the Index Eligible Episode Date	Children age 2 years to 18 years who had an outpatient or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=370 (revised since endorsement)
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	a. Initiation of AOD Dependence Treatment: Patients with initiation of AOD treatment occurred through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis. b. Engagement of AOD Treatment: Patients who had an initiation of AOD treatment and two more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations, with any AOD diagnosis, within 30 days after the date of the Initiation encounter	Patients 13 years and older with a new episode of alcohol and other drug dependence	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1245 (revised since endorsement)
0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	Patients who were screened for HIV infection during the first or second prenatal care visit	All patients who gave birth during a 12-month period, seen for continuing prenatal care	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=388#p=-1&s=n&so=a (revised since endorsement)

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0014	Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Patients who received anti-D immune globulin at 26-30 weeks gestation	All patients, regardless of age, who are D (Rh) negative and unsensitized who gave birth during a 12-month period, seen for continuing prenatal care	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=389#p=-1&s=n&so=a (revised since endorsement)
0018	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mm Hg and diastolic blood pressure < 90 mm Hg) during the measurement year	Patients 18-85 years of age with at least one outpatient encounter with a diagnosis of hypertension during the first six months of the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1236#p=-1&s=n&so=a (revised since endorsement)
0022	Use of High-Risk Medications in the Elderly	Percentage of patients ages 65 years and older who received at least one high-risk medication. Percentage of patients 65 years of age and older who received at least two different high-risk medications.	a: Patients with at least one prescription dispensed for any high-risk medication during the measurement year b: Patients with at least two prescriptions dispensed for high-risk medications during the measurement year	Patients 65 years and older	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=273#p=-1&s=n&so=a (revised since endorsement)
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	Numerator 1: Number of patients who had a body mass index (BMI) percentile recorded during the measurement period Numerator 2: Number of patients who had counseling for nutrition Numerator 3: Number of patients who had counseling for physical activity	Children 3-17 years of age with at least one outpatient visit with a primary care physician or OB-GYN in the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1247#p=-1&s=n&so=a (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	<p>Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user</p> <p>Definitions:</p> <p>Tobacco Use—Includes any type of tobacco</p> <p>Cessation Counseling Intervention—Includes counseling or pharmacotherapy</p>	All patients aged 18 years and older	American Medical Association	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=391#p=-1&s=n&so=a</p> <p>(revised since endorsement)</p>
0031	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	Women with one or more mammograms during the measurement year or the year prior to the measurement year	Women 42-69 years	National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=392#p=-1&s=n&so=a</p> <p>(revised since endorsement)</p>
0032	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Women with one or more Pap tests during the measurement year or the two years prior to the measurement year	Women 24–64 years of age	National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=393#p=-1&s=n&so=a</p> <p>(revised since endorsement)</p>
0033	Chlamydia Screening in Women	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Women with at least one Chlamydia test during the measurement year	Women 16-24 years of age who are sexually active	National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1253#p=-1&s=n&so=a</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0034	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the four criteria below:</p> <p>Fecal occult blood test (FOBT) during the measurement year</p> <p>Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year</p> <p>Colonoscopy during the measurement year or the nine years prior to the measurement year</p>	Patients 51-75 years of age	National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=394#p=-1&s=n&so=a</p> <p>(revised since endorsement)</p>
0036	Use of Appropriate Medications for Asthma	Percentage of patients 5-50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	Patients who were dispensed at least one prescription for a preferred therapy during the measurement year	Patients 5-64 years with persistent asthma	National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=367#p=-1&s=n&so=a</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0038	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Children who have evidence showing they received recommended vaccines during the measurement year	Children who turn 2 years of age during the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=395#p=-1&s=n&so=a (revised since endorsement)
0041	Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization Definition: Previous Receipt –May include: receipt of influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1 st)	All patients aged 6 months and older seen for a visit between October 1 and March 31	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=397#p=-1&s=n&so=a (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0043	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Patients who have ever received a pneumococcal vaccination	Patients 65 years and older	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=492#p=-1&s=n&so=a (revised since endorsement)
0045	Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture	Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.	Patients with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis	All patients aged 50 years and older treated for hip, spine or distal radial fracture	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=432#p=-1&s=n&so=a
0046	Osteoporosis: Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months.	Patients who had a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	All female patients aged 65 years and older	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=433#p=-1&s=n&so=a

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0047	Asthma Pharmacologic Therapy for Persistent Asthma	Percentage of patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication.	<p>Patients who were prescribed long-term control medication</p> <p>Numerator Instructions: Documentation of persistent asthma must be present. One method of identifying persistent asthma is at least daily use of short-acting bronchodilators</p> <p>Definition:</p> <p>Long Term Control Medication Includes:</p> <p>Patients prescribed inhaled corticosteroids (the preferred long-term control medication at any step of asthma pharmacological therapy)</p> <p>OR</p> <p>Patients prescribed alternative long-term control medications (inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, methylxanthines)</p>	All patients aged 5 through 50 years with a diagnosis of persistent asthma during the one-year measurement period	American Medical Association	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=368#p=-1&s=n&so=a</p> <p>(revised since endorsement)</p>

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			Prescribed – May include prescription given to the patient for inhaled corticosteroid OR an acceptable alternative long-term control medication at one or more visits in the 12-month period OR patient already taking inhaled corticosteroid OR an acceptable alternative long-term control medication as documented in current medication list			
0048	Osteoporosis: Management Following Fracture of Hip, Spine or Distal radius for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years or older with fracture of the hip, spine or distal radius that had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or pharmacologic therapy prescribed.	Patients who had a central DXA measurement ordered or performed or pharmacologic therapy prescribed	All patients aged 50 years and older with a fracture of the hip, spine or distal radius	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=434#p=-1&s=n&so=a (title revised since endorsement)
0050	Osteoarthritis (OA): Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain.	Patient visits with assessment for function and pain documented	All patient visits for patients aged 21 years and older with a diagnosis of OA	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=371#p=-1&s=n&so=a (revised since endorsement)
0051	Osteoarthritis (OA): assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications.	Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications documented	All patient visits for patients aged 21 years and older with a diagnosis of OA	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=372#p=-1&s=n&so=a (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0052	Use of Imaging Studies for Low Back Pain	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	Patients with an imaging study conducted on the Index Episode Start Date or in the 28 days following the Episode Start Date	Patients aged 18 to 50 years with an outpatient or ED visit with a primary diagnosis of low back pain	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1220#p=1&s=n&so=a (revised since endorsement)
0055	Diabetes: Eye Exam	Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year A negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year	Patients 18-75 years with diabetes	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1223#p=1&s=n&so=a (revised since endorsement)
0056	Diabetes: Foot Exam	Percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	Patients who received a foot exam (visual inspection with either a sensory exam or pulse exam) during the measurement year	Patients 18-75 years with diabetes	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1224#p=1&s=n&so=a (revised since endorsement)

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0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Percentage of adults ages 18 through 64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within 3 days of the initial date of service.	Patients with a dispensed prescription for antibiotic medication on or within three days after the Index Episode Start Date	Patients 19 years to 64 years who during the Intake Period had any diagnosis of acute bronchitis and an outpatient or ED visit (The Intake Period is between January 1-December 24 of the measurement year)	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1216#p=1&s=n&so=a&k=0058&e=1&st=&sd=&mt=&cs=&ss= (revised since endorsement)
0059	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	Patients whose most recent HbA1c level (performed during the measurement year) is > 9.0%	Patients 18-75 years with diabetes	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1225#k=0059&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1 (revised since endorsement)
0060	Hemoglobin A1c Test for Pediatric Patients	Percentage of pediatric patients with diabetes with a HbA1c test in a 12-month measurement period.	Patients with documentation of date and result for the most recent HbA1c test during the measurement year	Patients aged 5-17 years old with a diagnosis of diabetes and a face-to-face visit for diabetes care between the physician and the patient that predates the most recent visit by at least 12 months	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=851#k=0060&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1
0061	Diabetes: Blood Pressure Management	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure < 140/90 mmHg.	Patients with most recent systolic blood pressure measurement < 140 mm Hg and a diastolic blood pressure < 90 mm Hg during the measurement year	Patients 18-75 years with diabetes	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1235#k=0061&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1 (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0062	Diabetes: Urine Screening	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	Patients with a screening for nephropathy or evidence of nephropathy during the measurement period	Patients 18-75 years with diabetes	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1226#k=0062&e=1&st=&sd=&s=n&so=a&p=1&mt=&cs=&ss= (revised since endorsement)
0064	Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL.	Patients whose most recent LDL-C level performed during the measurement year is < 100mg/dL	Patients 18-75 years with diabetes	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1228#k=0064&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1 (revised since endorsement)
0066	Coronary Artery Disease (CAD): Angiotensin-converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy.	Patients who were prescribed ACE inhibitor or ARB therapy	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have diabetes or a current or prior LVEF < 40%	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=375#k=0066&e=1&st=&sd=&s=n&so=a&p=1&mt=&cs=&ss= (revised since endorsement)
0067	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.	Patients who were prescribed aspirin or clopidogrel	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=376#k=0067&e=1&st=&sd=&s=n&so=a&p=1&mt=&cs=&ss= (revised since endorsement)

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0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.	Patients who have documentation of use of aspirin or another antithrombotic during the measurement year	Patients age 18 years and older with a diagnosis of ischemic vascular disease (IVD) and who were discharged alive for AMI, CABG or percutaneous coronary interventions (PCI) from 12 months prior to the measurement year, and at least one outpatient or acute inpatient visit with an active IVD diagnosis in the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1229#k=0068&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children who were given a diagnosis of URI and were not dispensed an antibiotic prescription on or three days after the episode date.	Patients who were dispensed a prescription for antibiotic medication on or 3 days after the Episode Date. The measure examines one eligible episode per patient.	Children age 3 months to 18 years who had an outpatient or ED visit with only a diagnosis of upper respiratory infection (URI) during the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=369#k=0069&e=1&st=&sd=&s=n&so=a&p=1&mt=&cs=&ss= (revised since endorsement)
0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF < 40% who were prescribed beta-blocker therapy.	Patients who were prescribed beta blocker therapy	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI or a current or prior LVEF < 40%	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=377#k=0070&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)

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0073	Ischemic Vascular Disease (IVD): Blood Pressure Management	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	Patients who, at their most recent blood pressure reading during the measurement year, had a blood pressure reading of <140/90 mmHG	Patients age 18 years and older with a diagnosis of ischemic vascular disease (IVD) who were discharged alive for AMI, CABG or percutaneous coronary interventions (PCI) from 12 months prior to the measurement year, and at least one outpatient or acute inpatient visit with an active IVD diagnosis in the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1231#k=0073&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1 (revised since endorsement)
0074	Coronary Artery Disease (CAD): Lipid Control	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result <100 mg/dL OR patients who have a LDL-C result ≥100 mg/dL and have a documented plan of care to achieve LDL-C <100mg/dL, including at a minimum the prescription of a statin.	Patients who have a LDL-C result < 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL AND have a documented plan of care to achieve LDL-C < 100 mg/dL, including at a minimum the prescription of a statin	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=379#k=0074&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1 (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	Patients with a complete lipid profile performed during the measurement year b. Patients with an LDL-C less than 100 mg/dl documented	Patients age 18 years and older with a diagnosis of ischemic vascular disease (IVD) who were discharged alive for AMI, CABG or percutaneous coronary interventions (PCI) from 12 months prior to the measurement year, and at least one outpatient or acute inpatient visit with an active IVD diagnosis in the measurement year	National Committee Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1232#k=0075&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0081	Heart Failure (HF): 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) < 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.	Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=383#k=0081&e=1&st=&sd=&mt=&cs=&ss= (revised since endorsement)

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0083	Heart Failure (HF): Beta-Blocker 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) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.	Patients who were prescribed beta blocker therapy either within a 12-month period when seen in the outpatient setting or at hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=384#k=0083&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1 (revised since endorsement)
0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.	Patients who have an optic nerve head evaluation during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=436#k=0086&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1
0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of diabetic retinopathy	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=438#k=0088&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care	All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=439#k=0089&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1
0097	Medication Reconciliation	Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented.	Patients who had a reconciliation of the discharge medications with the current medication list in the medical record documented. The medical record must indicate that the physician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of an inpatient facility discharge medication.	All patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care.	National Committee for Quality Assurance/American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=441#k=0097&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0098	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Age 65 Years and Older	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	Patients who were assessed for the presence or absence of urinary incontinence within 12 months Definition: Urinary incontinence is defined as any involuntary leakage of urine	All female patients aged 65 years and older	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=442#k=0098&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (title revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0100	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.	<p>Patients with a documented plan of care for urinary incontinence at least once within 12 months</p> <p>Definition: Plan of care may include behavioral interventions (e.g., bladder training, pelvic floor muscle training, prompted voiding), referral to specialist, surgical treatment, reassess at follow-up visit, lifestyle interventions, addressing co-morbid factors, modification or discontinuation of medications contributing to urinary incontinence, or pharmacologic therapy</p>	All female patients aged 65 years and older with a diagnosis of urinary incontinence	American Medical Association/National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=444#k=0100&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1</p> <p>(title revised since endorsement)</p>
0101	Falls: Screening for Fall Risk	Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months.	Patients who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months	All patients aged 65 years and older	American Medical Association/National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=445#k=0101&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1</p> <p>(description revised since endorsement)</p>
0102	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator.	Patients who were prescribed an inhaled bronchodilator	All patients aged 18 years and older with a diagnosis of COPD, who have an FEV1/FVC < 70% and have symptoms (e.g., dyspnea, cough/sputum, wheezing)	American Medical Association	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1219#k=0102&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0103	Major Depressive Disorder (MDD): Diagnostic Evaluation	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period.	Patients with documented evidence that they met the DSM-IV criteria [at least 5 elements (must include: 1) depressed mood or 2) loss of interest or pleasure) with symptom duration of two weeks or longer] during the visit in which the new diagnosis or recurrent episode was identified	All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1237#k=0103&e=1&ss=&so=a&p=1&st=&sd=&mt=&cs=&ss=
0104	Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.	Patients who had suicide risk assessment completed at each visit	All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1238#k=0104&e=1&st=&sd=&mt=&cs=&ss=&so=a&p=1
0105	Anti-depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	a. Patients with at least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date b. Patients with at least 180 days (6 months) of continuous treatment with antidepressant medication during the 231-day period following the Index Prescription Start Date	Patients 18 years and older as of April 30th of the measurement year diagnosed with a New Episode of Major Depressive Disorder during the Intake Period and who were prescribed antidepressant medication	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=855#k=0105&e=1&st=&sd=&mt=&cs=&ss=&so=a&p=1 (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0106	Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-IV-TR or DSM-PC criteria.	<p>Number of medical records of newly diagnosed ADHD patients with documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed*</p> <p>*Documented is defined as any evidence in the medical record that DSM-IV or DSM-PC criteria were addressed. DSM-IV or DSM-PC criteria include evaluation for:</p> <p>Symptoms</p> <p>Onset</p> <p>Duration</p> <p>Pervasiveness</p> <p>Impairment</p> <p>Staff note: the supporting Institute for Clinical Systems Improvement (ICSI) clinical practice guideline provides a list of symptoms and specifies that six or more of the symptoms must be present for at least 6 months to a degree that is maladaptive and inconsistent with developmental level in order to qualify as ADHD</p>	<p>Total number of medical records of newly diagnosed ADHD patients reviewed*</p> <p>*ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01. Newly diagnosed is defined as documented ADHD in past 6 months and no documentation of ADHD codes in the previous 6 to 12 months</p>	Institute for Clinical Systems Improvement	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1239#k=0106&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0107	Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Percentage of patients treated with psycho-stimulant medication for the diagnosis of ADHD whose medical record contains documentation of a follow-up visit at least twice a year.	Number of patients with ADHD on psycho-stimulant medication whose medical record contains documentation of a follow-up visit at least twice a year *Documented is defined as any evidence in the medical record that a follow-up visit occurs in the past 12 months. A follow-up visit for ADHD includes documentation of the following twice a year: height, weight, a discussion of medication, a discussion of school progress, and a care plan should be identified	Number of patients with ADHD on psycho-stimulant medication whose medical records are reviewed ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01 Diagnosed is defined as documented ADHD in the past 6 to 12 months	Institute for Clinical Systems Improvement	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=856#k=0107&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0108	ADHD: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	<p>a. Initiation Phase: Percentage of children 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Continuation and Maintenance (C&M) Phase: Percentage of children 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p>a. Patients who had one face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority within 30 days after the Index Prescription Start Date.</p> <p>b. Patients who had an Initiation Phase Visit in the first 30 days, and at least two follow-up visits from 31-300 days after the Index Prescription Start Date (one of the two visits during days 31-300 may be a telephone visit with a practitioner)</p>	<p>a. Children 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were dispensed an ADHD medication during the 12-month Intake Period</p> <p>b. Children 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were dispensed an ADHD medication during the 12-month Intake Period and who filled a sufficient number of prescriptions to provide continuous treatment for at least 210 days out of the 300-day period</p>	National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=857#k=0108&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0110	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	<p>Documented assessment for use of alcohol and chemical substance use; to include at least one of the following:</p> <ul style="list-style-type: none"> •Clinician documentation regarding presence or absence of alcohol and chemical substance use •Patient completed history/assessment form that addresses alcohol and chemical substance use that is documented as being acknowledged by clinician performing the assessment •Use of screening tools that address alcohol and chemical substance use <p>AND</p> <p>Timeframe for chart documentation of the assessment for alcohol/chemical substance use must be present prior to, or concurrent with, the visit where the treatment plan is documented as being initiated</p>	<p>UNIPOLAR DEPRESSION</p> <p>Patients 18 years of age or older with an initial diagnosis or new presentation/ episode of depression</p> <p>AND</p> <p>Documentation of a diagnosis of depression; to include at least one of the following:</p> <ul style="list-style-type: none"> • Codes 296.2x; 296.3x. 300.4 or 311 (ICD9CM or DSM-IV-TR) documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms such as a problem list. <p>OR</p> <p>Diagnosis or Impression or working diagnosis documented in chart indicating depression</p> <p>OR</p> <p>Use of a screening/assessment tool for depression with a score or conclusion that patient is depressed and documentation that this information is used to establish or substantiate the diagnosis</p>	Center for Quality Assessment and Improvement in Mental Health	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1241#k=0110&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
				<p>BIPOLAR DISORDER</p> <p>Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND</p> <p>Documentation of a diagnosis of bipolar disorder; to include at least one of the following:</p> <ul style="list-style-type: none"> • Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms <p>OR</p> <ul style="list-style-type: none"> • Diagnosis or Impression or “working diagnosis” documented in chart indicating bipolar disorder <p>OR</p> <ul style="list-style-type: none"> • Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis 		

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0112	Bipolar Disorder: Monitoring change in level-of-functioning	Percentage of patients aged 18 years and older with an initial diagnosis or new episode/ presentation of bipolar disorder.	<p>Documentation of monitoring the patient’s level-of-functioning in one of the following ways:</p> <ul style="list-style-type: none"> • Patient self-report documented by clinician in record OR • Clinician documented review of patient-completed monitoring form/diary/tool OR • Documentation in patient chart of the use of ONE level-of-functioning monitoring tool, examples are as follows: <ul style="list-style-type: none"> o SOFAS: Social and Occupational Functioning Assessment Scale o GARF: Global Assessment of Relationship Functioning o GAF: Global Assessment of Functioning o WASA: Workload and Social Adjustment Assessment 	<p>Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND</p> <p>Documentation of a diagnosis of bipolar disorder; to include at least one of the following:</p> <p>Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms</p> <p>Diagnosis or Impression or “working diagnosis” documented in chart indicating bipolar disorder</p>	Center for Quality Assessment and Improvement in Mental Health	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1243#k=0112&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
			<p>o PDS: Progressive Deterioration Scale (functional impairment; activities of daily living)</p> <p>o PHQ-9: Question 2 (How difficult has it been for you....)</p> <p>o SF 12 or SF 36</p> <p>AND</p> <p>Timeframe for numerator chart documentation</p> <p>Documentation of assessment of level-of-functions at time of initial assessment and within 12 weeks of initiating treatment for bipolar disorder</p> <p>(Note: While the acute phase of treatment varies per individual, it is during this period that the clinician attempts to closely monitor the patient progress and has the opportunity to interact with the patient to assess level-of-functioning. This acute phase has been defined by the Project's content experts as having the possibility of lasting through the first 3 months of treatment/therapy; thus the 12 week period)</p>	<p>Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis</p> <p>AND</p> <p>Documentation of treatment for bipolar disorder with pharmacotherapy; mood stabilizing agent and/or an antipsychotic agent</p> <p>New diagnosis" or a "new episode," is defined as cases where the patient has not been involved in active treatment for 6 months. Active treatment includes being hospitalized or under the out-patient care of a physician</p>		

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0239	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (when indicated in ALL patients)	Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	Surgical patients, who had an order for VTE prophylaxis (LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis) to be given within 24 hours prior to incision time or within 24 hours after surgery end time	All surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=416#k=0239&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1 (title revised since endorsement)
No longer endorsed	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	<p>Percentage of final reports for CT or MRI studies of the brain performed either:</p> <ul style="list-style-type: none"> • In the hospital within 24 hours of arrival, OR • In an outpatient imaging center to confirm initial diagnosis of stroke, transient ischemic attack (TIA) or intracranial hemorrhage. <p>For patients aged 18 years and older with either a diagnosis of ischemic stroke, TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke, TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage, mass lesion and acute infarction.</p>	Final reports of the initial CT or MRI that include documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction	<p>All final reports for CT or MRI studies of the brain performed either</p> <ul style="list-style-type: none"> • In the hospital within 24 hours of arrival OR • In an outpatient imaging center to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage <p>For patients aged 18 years and older with either a diagnosis of ischemic stroke, TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke, TIA or intracranial hemorrhage</p>	American Medical Association/National Committee for Quality Assurance	Formerly NQF 0246; this measure will be submitted for re-endorsement

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0271	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time.	Non-cardiac surgical patients who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	All non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=410#k=0271&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0312	Lower Back Pain: Repeat Imaging Studies	Percentage of patients with back pain who received inappropriate imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better).	The number of patients with inappropriate imaging studies during the new nonsurgical or surgical episode	Patients 18-80 years with either a new nonsurgical episode of back pain or a new surgical episode for back pain and with more than one imaging study during the new nonsurgical or surgical episode and patients with only one imaging study during the episode and no documentation in the medical record of physician asking about prior imaging	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1260#k=0312&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0321	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute	Percentage of patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) receiving peritoneal dialysis who have a total Kt/V > or = 1.7 per week measured once every 4 months.	Patients who have a total Kt/V > or = 1.7 per week measured once every 4 months	All patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=252#k=0321&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0322	Back Pain: Initial Visit	<p>The percentage of patients with a diagnosis of back pain who have medical record documentation of all of the following on the date of the initial visit to the physician:</p> <ol style="list-style-type: none"> 1. Pain assessment 2. Functional status 3. Patient history, including notation of presence or absence of "red flags" 4. Assessment of prior treatment and response, AND 5. Employment status 	<p>Patients with documentation of the following on the Initial Visit Date (the date of the patient's earliest encounter during the episode): assessment of pain, assessment of functional status, a patient history that documents absence or presence of red flags, previous history of back pain treatment and response, if applicable, and assessment of employment status</p>	<p>Patients 18-80 years with either a new nonsurgical episode of back pain or a new surgical episode for back pain</p>	National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1256#k=0322&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(revised since endorsement)</p>
0323	Adult Kidney Disease: Hemodialysis Adequacy: Solute	<p>Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) receiving hemodialysis three times a week have a spKt/V > or = 1.2.</p>	<p>Calendar months during which patients have a spKt/V > or = 1.2*</p> <p>*Calculated from the last measurements of the month using the UKM or Daugirdas II formula</p>	<p>All calendar months during which patients aged 18 years and older with a diagnosis of ESRD are receiving hemodialysis three times a week</p>	American Medical Association	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=254#k=0323&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0382	Oncology: Radiation Dose Limits to Normal Tissues	Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving three dimensional (3D) conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.	Patients who had documentation in medical record that normal tissue dose constraints were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues	All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=620#k=0382&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (description revised since endorsement)
0383	Oncology: Measure Pair: Oncology: Medical and Radiation – Plan of Care for Pain	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	Patient visits that included a documented plan of care to address pain	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=622#k=0383&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0384	Oncology: Measure Pair: Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	Patient visits in which pain intensity is quantified	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=621#k=0384&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0385	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	<p>Patients who are referred for chemotherapy, prescribed chemotherapy, or who have previously received adjuvant chemotherapy within the 12 month reporting period</p> <p>Definitions:</p> <p>Adjuvant Chemotherapy—According to current NCCN guidelines, the following therapies are recommended: 5-FU/LV/oxaliplatin (mFOLFOX6) as the standard of care (category 1); 5-FU/oxaliplatin (FLOX, category 1); capecitabine/oxaliplatin (CapeOx); or single agent capecitabine or 5-FU/LV in patients felt to be inappropriate for oxaliplatin therapy (NCCN). See clinical recommendation statement for cases where leucovorin is not available</p> <p>Prescribed – May include prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list</p>	All patients aged 18 years and older with Stage IIIA through IIIC colon cancer	American Medical Association/ American Society of Clinical Oncology/National Comprehensive Cancer Network	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=628#k=0385&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	Patients who were prescribed tamoxifen or AI during the 12-month reporting period	All female patients aged 18 years and older with stage IC through IIIC, ER or PR positive breast cancer	American Medical Association/ American Society of Clinical Oncology/National Comprehensive Cancer Network	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=631#k=0387&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1 (title revised since endorsement)
0388	Prostate Cancer: Three Dimensional (3D) Radiotherapy	Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT).	Patients who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)	All patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy)	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=623#k=0388&e=1&st=&sd=&s=n&so=a&p=1&mt=&cs=&ss= (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did <u>not</u> have a bone scan performed at any time since diagnosis of prostate cancer.	<p>Patients who did <u>not</u> have a bone scan performed at any time since diagnosis of prostate cancer</p> <p>Numerator Instructions: A higher score indicates appropriate treatment of patients with prostate cancer at low risk of recurrence</p> <p>Definitions:</p> <p>Risk Strata: Low, Intermediate, or High –</p> <p>Low Risk–PSA ≤ 10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a2</p> <p>Intermediate Risk –PSA > 10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk2</p> <p>High Risk–PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinically localized stage T3a1</p>	All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy	American Medical Association	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=624#k=0389&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1</p> <p>(revised since endorsement)</p>
0399	Hepatitis C: Hepatitis A Vaccination in Patients with HCV	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A.	Patients who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	All patients aged 18 years and older with a diagnosis of hepatitis C	American Medical Association	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=577#k=0399&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0400	Hepatitis C: Hepatitis B Vaccination in Patients with HCV	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who have received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B.	Patients who have received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	All patients aged 18 years and older with a diagnosis of hepatitis C	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=578#k=0400&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0401	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12 months.	Patients who were counseled about the risks of alcohol use at least once in the 12 month reporting period Definition-counseling may include documentation of a discussion regarding the risks of alcohol, or notation to decrease or abstain from alcohol intake	All patients aged 18 years and older with a diagnosis of hepatitis C	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=579#k=0401&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1
0403	Medical Visits	Percentage of patients regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit in each 6 month period with a minimum of 60 days between each visit.	Patients with at least one medical visit in each 6 month period with a minimum of 60 days between each visit	All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12 month period	American Medical Association/National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=580#k=0403&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0405	Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Percentage of patients with HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	<p>a. Patients who were prescribed PCP prophylaxis within 3 months</p> <p>b. Patients who were prescribed PCP prophylaxis within 3 months</p> <p>c. Patients who were prescribed PCP prophylaxis</p>	<p>a. All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/ mm³ who had at least two visits during the measurement year, with at least 60 days in between each visit; and,</p> <p>b. All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/ mm³ who had at least two visits during the measurement year, with at least 60 days in between each visit; and,</p> <p>c. All patients aged 1 month through 12 months with a diagnosis of HIV or who are HIV indeterminate who had at least two visits during the measurement year, with at least 60 days in between each visit</p>	American Medical Association/National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=582#k=0405&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0406	Patients with HIV/AIDS who are Prescribed Potent Antiretroviral Therapy	Percentage of patients who were prescribed potent antiretroviral therapy.	<p>Patients who were prescribed potent antiretroviral* therapy</p> <p>*Potent antiretroviral therapy is described as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials*</p>	<p>a. All patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two medical visits during the measurement year with at least 60 days between each visit, who have a history of a nadir CD4+ count below 350/mm³; and</p> <p>b. All patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two medical visits during the measurement year with at least 60 days between each visit, who have a history an AIDS-defining illness, regardless of CD4+ count; and</p> <p>c. All patients with a diagnosis of HIV/AIDS, with at least two medical visits during the measurement year with at least 60 days between each visit, who are pregnant, regardless of CD4+ count or age</p>	American Medical Association/National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=583#k=0406&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(title revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0407	HIV RNA control after six months of potent antiretroviral therapy	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days between each visit, who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy OR whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and has a documented plan of care.	<p>Patients with viral load below limits of quantification* OR patients with viral load not below limits of quantification* who have a documented plan of care**</p> <p>*Using laboratory cutoff level for reference laboratory used by that clinic or provider</p> <p>**A plan of care may include: altering the therapy regimen, reaffirming to the patient the importance of high adherence to the regimen, or reassessment of viral load at a specified future date</p>	<p>All patients aged 13 years or older with a diagnosis of HIV/AIDS with at least two visits in the measurement year, with at least 60 days between each visit, who received potent antiretroviral therapy*** for at least 6 months</p> <p>Definition of "Medical Visit" – any visit with a health care professional who provides routine primary care for the patient with HIV/AIDS (may be but is not limited to primary care clinician, ob/gyn, pediatrician, infectious diseases specialist)</p> <p>***Potent antiretroviral therapy is described as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials</p>	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=584#k=0407&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1
0418	Screening for Clinical Depression	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow up plan documented.	Patient's screening for clinical depression is documented and follow up plan is documented	All patients aged 12 years and older	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=522#k=0418&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0419	Documentation of Current Medications in the Medical Record	Percentage of specified visits as defined by the denominator criteria for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <u>must</u> include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosage, frequency and route.	Eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <u>must</u> include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosages, frequency and route	All visits during the 12 month reporting period for patients aged 18 years and older at the time of the encounter where one or more CPT or HCPCS codes listed below are reported on the claims submission for that encounter	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=524#k=0419&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0421	Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated body mass index (BMI) in the past six months or during the current visit documented in the medical record AND if the most recent BMI is <u>outside</u> of normal parameters, a follow-up plan is documented. Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18-64 years BMI ≥ 18.5 and < 25	a. Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters b. Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters	a. All patients aged 65 years and older b. All patients aged 18 through 64 years	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=526#k=0421&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0507	Radiology: Stenosis Measurement in Carotid Imaging Studies	Percentage of final reports for all patients, regardless of age, for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computer tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.	Final carotid imaging study reports that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement Definition: "Direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement" includes direct angiographic stenosis calculation based on the distal lumen as the denominator for stenosis measurement OR an equivalent validated method referenced to the above method (e.g., for duplex ultrasound studies, velocity parameters that <u>correlate</u> the residual internal carotid lumen with methods based on the distal internal carotid lumen)	All final reports for carotid imaging studies (neck MRA, neck CTA, neck duplex ultrasound, carotid angiogram) performed	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=651#k=0507&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)
0508	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	Percentage of final reports for screening mammograms that are classified as "probably benign."	Final reports classified as "probably benign" Definition of "probably benign" classification: MQSA assessment category of "probably benign"; BI-RADS® category 3; or FDA-approved equivalent assessment category	All final reports for screening mammograms	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=653#k=0508&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1
0510	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time.	Final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	All final reports for procedures using fluoroscopy	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=658#k=0510&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0513	Thorax CT: Use of Contrast Material	This measure calculates the percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both).	<p>The number of thorax CT studies with and without contrast (combined studies)</p> <p>Sum of global and technical units associated with CPT codes:</p> <p>71270–Thorax CT With and Without Contrast</p> <p>A technical unit can be identified by a modifier code of TC. A global unit can be identified by the absence of a TC or 26 modifier code.</p> <p>Thorax CT studies can be billed separately for the technical and professional components, or billed globally to include both the professional and technical components.</p> <p>Professional component claims will out number Technical component claims due to over-reads.</p> <p>To capture all outpatient and office volume, both office (typically paid under the MPFS) and facility claims (typically paid under the OPPS/APC methodology) should be considered. In the absence of a TC or 26 modifier code, outpatient facility claims should be considered technical components and included in utilization</p>	<p>The number of thorax CT studies performed (with contrast, without contrast or both with and without contrast)</p> <p>Sum of global and technical units for CPT codes :</p> <p>71250-Thorax Without Contrast</p> <p>71260–Thorax CT With Contrast</p> <p>71270 –Thorax CT With and Without Contrast</p>	Centers for Medicare & Medicaid Services	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=667#k=0513&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0519	Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care	Percentage of short term home health episodes of care during which diabetic foot care and education were included in the physician-ordered plan of care and implemented for patients with diabetes.	<p>Number of home health episodes where at end of episode, diabetic foot care and education specified in the care plan had been implemented</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly</p> <p>Details: Number of patient episodes where at end of episode:</p> <p>- (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9(discharge) AND:</p> <p>- (M1095)Diabetic Foot Care Plan implemented = 1 (yes)</p>	<p>Number of home health episodes where diabetic foot care had been specified in the care plan and episode is not covered by denominator exclusions (Q6)</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly</p>	Centers for Medicare & Medicaid Services	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=827#k=0519&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0561	Melanoma: Coordination of Care	Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.	<p>Patient visits with a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis</p> <p>Numerator Instructions: A treatment plan should include the following elements: diagnosis, tumor thickness, and plan for surgery or alternate care</p> <p>Definition:</p> <p>Communication – may include documentation in the medical record that the physician(s) treating the melanoma communicated (e.g., verbally, by letter, copy of treatment plan sent) with the physician(s) providing the continuing care OR a copy of a letter in the medical record outlying whether the patient was or should be treated for melanoma</p>	All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma	American Medical Association/National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=894#k=0561&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(revised since endorsement)</p>
0562	Melanoma: Overutilization of Imaging Studies in Melanoma	Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.	<p>Patients for whom no diagnostic imaging studies* were ordered</p> <p>*Diagnostic imaging studies include CXR, CT, Ultrasound, MRI, PET, and nuclear medicine scans</p>	All patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs of symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period	American Medical Association/National Committee for Quality Assurance	<p>http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=895#k=0562&e=1&st=&sd=&mt=&cs=&ss=&sn&so=a&p=1</p> <p>(revised since endorsement)</p>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.	Patients who had one or more specified operative procedures for any of the following major complications within 30 days following cataract surgery: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	All patients aged 18 years and older who had cataract surgery and no significant pre-operative ocular conditions impacting the surgical complication rate	American Medical Association/National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=898#k=0564&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1
0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.	Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery	All patients aged 18 years and older who had cataract surgery and no significant pre-operative ocular conditions impacting the visual outcome of surgery	American Medical Association/National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=899#k=0565&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1
0575	Diabetes: Hemoglobin A1c Control (< 8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c < 8.0%.	Patients whose most recent HbA1c level is < 8.0%	Patients 18-75 years with diabetes	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=944#k=0575&e=1&st=&sd=&mt=&cs=&ss=&n&so=a&p=1 (revised since endorsement)

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0608	Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	<p>Patients who were tested for Hepatitis B surface antigen (HBsAg) during pregnancy</p> <p>Time Window: 280 days prior to a claim for a delivery procedure AND the diagnosis is Full Term Delivery</p>	<p>All female patients aged 12 and older who had a full term delivery during the measurement period</p> <p>Time Window: 365 days prior to the common report period end date</p>	OptumInsight (formerly Ingenix)	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1018#k=0608&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1
0710	Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine	Minnesota Community Measurement	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=55#k=0710&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1
0711	Depression Remission at Six Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score of less than five	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine	Minnesota Community Measurement	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=54#k=0711&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0712	Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4)	Minnesota Community Measurement	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=56#k=0712&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1
1335	Children who have dental decay or cavities	Assesses if children aged 1-17 have had tooth decay or cavities in the past 6 months.	Whether child had cavities or decayed teeth in past 6 months	Children and adolescents age 1-17 years	Maternal and Child Health Bureau, Health Resources & Services Administration	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1335#k=1335&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	Patient visits with an assessment for suicide risk	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder	American Medical Association	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1365#k=1365&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1
1401	Maternal depression screening	The percentage of children who turned 6 months of age during the measurement year who had documentation of a maternal depression screening for the mother.	Children who had documentation in the medical record of a maternal depression screening for the mother at least once between 0 and 6 months of life	Children with a visit who turned 6 months of age in the measurement year	National Committee for Quality Assurance	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1401#k=1401&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
1419	Primary Caries Prevention Intervention of Part of Well/III Child Care as Offered by Primary Care Medical Providers	The measure will a) track the extent to which the PCMP or clinic (determined by the provider number used for billing) applies FV as part of the EPSDT examination and b) track the degree to which each billing entity's use of the EPSDT with FV codes increases from year to year (more children varnished and more children receiving FV four times a year according to ADA recommendations for high-risk children).	The number of EPSDT examinations done with FV	All high-risk children (Medicaid/CHIP-eligible) who receive an EPSDT examination from a provider (PCMP or clinic)	University of Minnesota	http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1419#k=1419&e=1&st=&sd=&mt=&cs=&ss=&s=n&so=a&p=1
1525	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	Percentage of patients aged 18 and older with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification, who were prescribed warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism during the 12-month reporting period.	Patients who were prescribed warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism during the 12 month reporting period	All patients aged 18 years and older with nonvalvular AF or atrial flutter for whom assessment of the specified thromboembolic risk factors documented one or more high-risk factor or more than one moderate risk factor	American Medical Association/ American College of Cardiology Foundation/ American Heart Association	This measure is in the process of NQF ratification for endorsement. Once ratified, measure information will be posted on the NQF website.

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
Not yet endorsed	Preventive Care and Screening: Cholesterol -- Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL	<p><u>Preventive Care and Screening: Cholesterol- Fasting Low Density Lipoprotein (LDL) Test Performed</u></p> <p>Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed.</p> <p><u>Preventive Care and Screening: Cholesterol – Risk-Stratified Fasting LDL</u></p> <p>Percentage of patients aged 20 through 79 years who had a fasting LDL test performed and whose risk-stratified* fasting LDL is at or below the recommended LDL goal.</p>	<p><u>Fasting Low Density Lipoprotein (LDL) Test Performed</u></p> <p>Numerator 1: Patients who had a fasting LDL test performed during the measurement period</p> <p>Numerator 2: Patients who had a fasting LDL test performed during the measurement period</p> <p>Numerator 3: Patients who had a fasting LDL test performed during the measurement period or four years prior to the measurement period</p> <p><u>Risk-Stratified Fasting LDL</u></p> <p>Numerator 1: Patients whose most recent fasting LDL test is <100 mg/dL during the measurement period</p> <p>Numerator 2: Patients whose most recent fasting LDL test is <130 mg/dL during the measurement period</p> <p>Numerator 3: Patients whose most recent fasting LDL test is <160 mg/dL during the measurement period or four years prior to the measurement period</p>	<p>Fasting Low Density Lipoprotein (LDL) Test Performed</p> <p>Denominator 1: All patients aged 20 through 79 years who have CHD or CHD Risk Equivalent</p> <p>Denominator 2: All patients aged 20 through 79 years who have Multiple Risk Factors (2+) of the following: Cigarette Smoking, Hypertension, Low High Density Lipoprotein (HDL), Family History of Premature CHD, or Age (men ≥ 55; women ≥ 65)</p> <p>Denominator 3: All patients aged 20 through 79 years who have 0 or 1 risk factors</p> <p><u>Risk-Stratified Fasting LDL</u></p> <p>Denominator 1: All patients aged 20 through 79 years who had a fasting LDL test performed and have CHD or CHD Risk Equivalent OR Multiple Risk Factors (2+) and 10-year Framingham risk >20%</p>	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
				Denominator 2: All patients aged 20 through 79 years who had a fasting LDL test performed and have Multiple Risk Factors (2+) and 10-year Framingham risk \leq 20%		
				Denominator 3: All patients aged 20 through 79 years who have 0 or 1 risk factors		
Not yet endorsed	Falls: Risk Assessment for Falls	Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	Patients who had a risk assessment for falls completed within 12 months	All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)	American Medical Association/National Committee for Quality Assurance	
Not yet endorsed	Falls: Plan of Care for Falls	Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	Patients with a plan of care for falls documented within 12 months	Patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)	American Medical Association/National Committee for Quality Assurance	
Not yet endorsed	Adult Kidney Disease: Blood Pressure Management	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5 not receiving RRT) and proteinuria with a blood pressure <130/80 mm/Hg or \geq 130/80 mmHg with a documented plan of care.	Patient visits with blood pressure < 130/80 mmHg OR \geq 130/80 mmHg with a documented plan of care	All patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4 or 5, not receiving RRT) and proteinuria	American Medical Association	This measure is in public and member comment through January 9, 2012.

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
Not yet endorsed	Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL	Percentage of calendar months within a 12-month period during which a hemoglobin (Hgb) level is measured for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) or end-stage renal disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy have a hemoglobin (Hgb) level > 12.0 g/dL.	Calendar months during which patients have a hemoglobin level > 12.0 g/dL	All calendar months during which a hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) or ESRD (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy	American Medical Association	This measure is in public and member comment through January 9, 2012.
Not yet endorsed	Chronic Wound Care: Use of wet to dry dressings in patients with chronic skin ulcers (overuse measure)	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer <u>without</u> a prescription or recommendation to use wet to dry dressings.	Patient visits <u>without</u> a prescription or recommendation to use wet to dry dressings	All patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer	American Medical Association/National Committee for Quality Assurance	
Not yet endorsed	Dementia: Staging of Dementia	Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate, or severe at least once within a 12-month period.	Patients whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	American Medical Association	
Not yet endorsed	Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.	Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	All patients, regardless of age, with a diagnosis of dementia	American Medical Association	

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
Not yet endorsed	Dementia: Functional Status Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12-month period.	Patients for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	American Medical Association	
Not yet endorsed	Dementia: Counseling Regarding Safety Concerns	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period.	Patients or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	American Medical Association	
Not yet endorsed	Dementia: Counseling Regarding Risks of Driving	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12-month period.	Patients or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	American Medical Association	
Not yet endorsed	Dementia: Caregiver Education and Support	Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12-month period.	Patients whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	American Medical Association	

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
Not yet endorsed	Chronic Wound Care: Patient education regarding long term compression therapy	Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period.	Patients who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period	All patients aged 18 years and older with a diagnosis of venous ulcer	American Medical Association/National Committee for Quality Assurance	
Not yet endorsed	Rheumatoid Arthritis (RA): Functional Status Assessment	Percentage of patients aged 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months.	Patients for whom a functional status assessment was performed at least once within 12 months	All patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA)	American Medical Association/National Committee for Quality Assurance	
Not yet endorsed	Glaucoma Screening in Older Adults	Percentage of patients 65 years and older, without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam by an eye-care professional for early identification of glaucomatous conditions.	Patients who received one or more eye exams for glaucoma by an eye care professional (i.e., ophthalmologist or optometrist) during the measurement year or year prior to the measurement year	Patients aged 67 years and older	National Committee for Quality Assurance	
Not yet endorsed	Chronic Wound Care: Patient Education regarding diabetic foot care	Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period.	Patients who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period	All patients aged 18 years and older with a diagnosis of diabetes and foot ulcer	American Medical Association /National Committee for Quality Assurance	

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
Not yet endorsed	Hypertension: Improvement in blood pressure	Percentage of patients aged 18 years and older with hypertension whose blood pressure improved during the measurement period.	Patients whose most recent follow-up blood pressure is taken at least 6 months after their date of baseline blood pressure reading and is less than their baseline blood pressure	Patients between the ages of 18 years and 75 years with a diagnosis of essential hypertension made during an outpatient visit made 6 months or less prior to the beginning of the measurement year	Centers for Medicare & Medicaid Services	
Not yet endorsed	Closing the referral loop: receipt of specialist report	Percentage of patients regardless of age with a referral from a primary care provider for whom a report from the provider to whom the patient was referred was received by the referring provider.	Number of patients with a referral from a primary care provider for whom a report from the provider to whom the patient was referred was received by the referring provider	Number of patients ages 18 and older who were sent by their primary care provider to another clinician for referral or consultation	Centers for Medicare & Medicaid Services	
Not yet endorsed	Functional status assessment for knee replacement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patients with functional status assessment results present in the EHR at the encounter before and after procedure during the measurement year	Adults aged 18 as of January 1 in the measurement year who had an outpatient encounter within 6 months prior to procedure and at least 60 days and not more than 180 days after TKA procedure	Centers for Medicare & Medicaid Services	
Not yet endorsed	Functional status assessment for hip replacement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patients with functional status assessment results present in the EHR at the encounter before and after procedure during the measurement year	Adults aged 18 as of January 1 in the measurement year who had an outpatient encounter within 6 months prior to procedure and at least 60 days and not more than 180 days after THA procedure	Centers for Medicare & Medicaid Services	

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
Not yet endorsed	Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure and two or more high impact conditions who completed initial and follow-up (patient-reported) functional status assessments.	Functional status assessment results present in the EHR at the encounter at an initial visit and follow-up visit during the measurement year	Adults aged 65 as of January 1 in the measurement year who had an outpatient encounter and an active diagnosis of heart failure, plus two additional medical conditions	Centers for Medicare & Medicaid Services	
Not yet endorsed	Adverse Drug Event (ADE) Prevention: Outpatient therapeutic drug monitoring	Percentage of patients 18 years of age and older receiving outpatient chronic medication therapy who had the appropriate therapeutic drug monitoring during the measurement year.	Patients who received the appropriate therapeutic drug monitoring during the measurement year	Patients 18 years of age and older receiving outpatient chronic medication therapy that requires routine therapeutic drug monitoring	Centers for Medicare & Medicaid Services	
Not yet endorsed	Preventive Care and Screening: Screening for High Blood Pressure	Percentage of patients aged 18 years and older who are screened for high blood pressure.	Patients who were screened for high blood pressure according to defined recommended screening intervals	All patients aged 18 and older without known hypertension	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	
Not yet endorsed	Hypertension: Blood Pressure Management	Percentage of patients aged 18 years and older with a diagnosis of hypertension seen within a 12 month period with a blood pressure <140/90 mmHg OR patients with a blood pressure ≥140/90 mmHg and prescribed 2 or more anti-hypertensive medications during the most recent office visit.	Patients with a blood pressure < 140/90 mmHg OR patients with a blood pressure ≥ 140/90 mmHg and prescribed 2 or more anti-hypertensive medications during the most recent office visit	All patients aged 18 years and older with a diagnosis of hypertension seen within a 12 month period	American Medical Association	