

Health Care Innovation Awards:

Recommended Awardee Self-Monitoring Measures

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Note 1: Measures in bold are preferred measures within the set of other recommended measures. That is, if you were to pick just one from the set, we prefer the bolded measure.

Note 2: NQF endorsed measures can be found at <http://www.qualityforum.org/QPS/>, which provides more detailed descriptions and specifications.

I. STRUCTURE

A. Workforce

1. Teamwork & Communication

Ref. #	Measure name	Measure description	Source/Steward
1	TeamSTEPPS Questionnaires	<ul style="list-style-type: none"> TeamSTEPPS Teamwork Perception Questionnaire (T-TPQ): TPQ is a new measurement tool to help you determine how an individual perceives the current state of teamwork within an organization. Measuring an individual's perception of collective teamwork offers a broader picture of an organization's team climate. A measure of perceptions of overall teamwork will serve as an additional measure of the effectiveness of TeamSTEPPS training. Download this tool TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ): T-TAQ is a measurement tool to help you determine whether TeamSTEPPS tools and strategies enhanced an individual participant's attitudes toward teamwork, increased knowledge about effective team practice and improved team skills. The T-TAQ can be used to assess specific needs within the unit or health care institution and whether the TeamSTEPPS intervention produced the desired attitude change. Download this tool 	AHRQ http://teamstepps.ahrq.gov/abouttoolsmaterials.htm

2. Staff and Provider Satisfaction

Ref. #	Measure name	Measure description	Source/Steward
2	Single-Item Provider Satisfaction Question	How satisfied are you with your career in medicine: very satisfied, moderately satisfied, neither satisfied nor dissatisfied; moderately dissatisfied; very dissatisfied.	Health Tracking Physician Survey
3	Minimizing Errors/Maximizing Outcomes (MEMO) provider survey	Assesses domains of primary care work conditions, physician reactions, and the quality and safety of care provided.	Linzer, M, Manwell, LB, Mundt, M, et al. Organizational climate, stress, and error in primary care: the MEMO study. Advances in Patient Safety From Research to Implementation. Rockville, MD Agency for Healthcare Research and Quality 2005; 65- 77AHRQ publication 050021 (1).
4	Employee Retention and Turnover	What is your current turnover rate for the members of the team overall and by occupation? How does that compare to the overall turnover for those occupations employed by the organization?	HRSA

3. Other Workforce

Ref. #	Measure name	Measure description	Source/Steward
5	Burnout	<p>Using your own definition of “burnout,” please indicate which statement best describes your situation at work.</p> <ul style="list-style-type: none"> • I enjoy my work. I have no symptoms of burnout. • Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out. • I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion. • The symptoms of burnout that I’m experiencing won’t go away. I think about frustrations at work a lot. • I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. 	Minimizing Errors/Maximizing Outcomes (MEMO) provider survey

B. Other Structure

1. Health IT

Ref. #	Measure name	Measure description	Source/Steward
6	Adoption of Medication e-Prescribing	Documents whether provider has adopted a qualified e-Prescribing system and the extent of use in the ambulatory setting	NQF # 0486
8	Ability for Providers with HIT to Receive Laboratory Data Electronically	Documents the extent to which a provider uses certified/qualified EHR system that incorporates an electronic data interchange with one or more laboratories allowing for direct electronic transmission of laboratory data into the EHR as discrete searchable data elements	NQF # 0489
9	PCMH Certification	% of participating practices with NCQA patient centered medical home certification.	NCQA

II. PROCESS

A. Preventative care

1. Vaccinations

Ref. #	Measure name	Measure description	Source/Steward
10	Childhood Immunization Status	Measure calculates a rate for each recommended vaccines and nine separate combination rates.	NQF # 0038
11	Influenza Vaccination	Percentage of patients aged 6 months and older seen for a visit between October 1 and the end of February who received an influenza immunization OR patient reported previous receipt of an influenza immunization	NQF # 0041
12	Pneumonia Vaccination Status for Older adults	Percentage of patients 65 years of age and older who ever received a pneumococcal vaccination	NQF # 0043

2. Screening

Ref. #	Measure name	Measure description	Source/Steward
13	Measure Pair: A) Tobacco Use Assessment, B) Tobacco Cessation Intervention	A) Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period, B)Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period	NQF # 0028
14	Colorectal Cancer Screening	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer	NQF # 0034
15	Cervical Cancer Screening	Percentage of women 21–64 years of age received one or more Pap tests to screen for cervical cancer.	NCQA, NQF # 0032
16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI documented in the medical record AND if the most recent BMI is outside the parameters, a follow up plan is documented	CMS, NQF # 0421
17	Body Mass Index (BMI) 2 through 18 Years of Age	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender	NQF # 0024
18	Screening for Future Fall Risk	Percentage of patients aged 65 years and older who were screened for future fall risk at least once within 12 months.	NQF # 0101

3. Wellness Visits and Prenatal Care

Ref. #	Measure name	Measure description	Source/Steward
19	Well-Child Visits in the First 15 Months of Life	<p>Percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life.</p> <p><u>Num</u>: Number of well- child visits with PCP in first 15 months of life.</p> <p><u>Den</u>: Members who turned 15 months old during measurement year.</p>	NQF # 1392
20	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	<p>Percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year</p> <p><u>Num</u>: Received one or more well-child visits with a PCP during the measurement year.</p> <p><u>Den</u>: Members age 3-6 years.</p>	NQF # 1516
21	Frequency of Ongoing Prenatal Care	<p>Measure examines the percentage of Medicaid deliveries that received various numbers of expected prenatal visits.</p> <p><u>Num.</u>: Received the following number of expected prenatal visits:</p> <ul style="list-style-type: none"> • <21 percent of expected visits • 21 percent–40 percent of expected visits • 41 percent–60 percent of expected visits • 61 percent–80 percent of expected visits • >81 percent of expected visits. <p><u>Den.</u>: <u>Administration Specifications</u>: Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year. expected prenatal care visits</p> <p><u>Den</u>: <u>Medical Record Specifications</u>: A systematic sample of members drawn from the eligible population. If the organization collects this measure and the Prenatal and Postpartum Care measure, it must use the same systematic sample for both. Organizations may reduce the sample size using the current year’s lowest product-line-specific administrative rate for the rate of women who received =81 percent of expected prenatal care visits and the two rates from Prenatal and Postpartum Care. It may also use prior year’s lowest audited product-line-specific rates for the rate of women who received =81 percent of prenatal care visits and the two rates from Prenatal and Postpartum Care.</p>	NQF # 1391

B. Clinical care

1. Diabetes

Ref. #	Measure name	Measure description	Source/Steward
22	Eye Exam	Percentage of adult patients with diabetes aged 18-75 years who received an eye screening for diabetic retinal disease during the measurement year	NQF # 0055
23	Foot Exam	Percentage of adult patients with diabetes aged 18-75 years who received a foot exam (visual inspection, sensory exam with monofilament, or pulse exam)	NQF # 0056
24	Medical Attention for Nephropathy	percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.	NQF # 0062
25	Diabetic lipid and Hemoglobin A1c profile	Percentage of adult patients with diabetes aged 18-75 years who received a hemoglobin A1c and lipid profile assessment during the measurement year	NCQA

2. Coronary Artery Disease (CAD)

Ref. #	Measure name	Measure description	Source/Steward
26	ACE Inhibitor or ARB Therapy–Diabetes and/or LVSD	Percentage of patients aged 18 years and older with a diagnosis of CAD seen within a 12 month period who also have diabetes or a current or prior LVEF <40% who were prescribed ACE inhibitor or ARB therapy	NQF # 0066
27	Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD seen within a 12 month period who were prescribed aspirin or clopidogrel	NQF # 0067
28	Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years and older with IVD who were discharged alive for AMI, CABG or PCI from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of IVD during the measurement year and the year prior to the measurement year and who had use of aspirin or another antithrombotic during the measurement year.	NQF # 0068
29	Lipid Control	Percentage of patients aged 18 years and older with a diagnosis of CAD 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	NQF # 0074
30	Beta-blocker Therapy	Percentage of patients aged 18 years and older with a diagnosis of CAD seen within a 12 month period who also have prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy	NQF # 0070

3. Congestive Heart Failure (CHF)

Ref. #	Measure name	Measure description	Source/Steward
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31	Beta-blocker Therapy for Left Ventricular Systolic Dysfunction	Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge	NQF # 0083
32	Left ventricular ejection fraction assessment (inpatient/outpatient)	Percent of patients that had a left ventricular ejection fraction assessment	NQF # 0079 (Outpatient); NQF # 0135 (Inpatient)

4. Myocardial Infarction (MI)

Ref. #	Measure name	Measure description	Source/Steward
33	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Percentage of AMI patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less	NQF # 0164
34	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Emergency Department AMI patients receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less	NQF # 0288
35	Primary PCI Received within 90 Minutes of Hospital Arrival	Percentage of AMI patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less	NQF #0163
36	Lipid Management for patients with acute cardiovascular events	% ages 18–75 who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI), or who had a diagnosis of ischemic vascular disease (IVD) who had LDL-C screening during the measurement year.	NCQA, NQF # 0074

5. Asthma & COPD

Ref. #	Measure name	Measure description	Source/Steward
37	Use of Appropriate Medications for Asthma	Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year	NCQA, NQF # 0036
38	Medication Management for People With Asthma	The percentage of patients 5–64 years of age during the measurement period who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period	AMA-PCPI/NCQA, NQF # 1799
39	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	AMA-PCPI/NCQA, NQF # 0047
41	COPD: Spirometry evaluation	Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented	AMA-PCPI, NQF # 0091
42	COPD: inhaled bronchodilator therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC < 70% and have symptoms who were prescribed an inhaled bronchodilator	AMA-PCPi, NQF # 0102

6. Hyperlipidemia

Ref. #	Measure name	Measure description	Source/Steward
43	Hyperlipidemia (Primary Prevention) - Lifestyle Changes and/or Lipid Lowering Therapy	Percentage of patients aged 20 years and older with risk factors for coronary artery disease who have an elevated LDL-C and who are taking a lipid lowering agent or have initiated therapeutic lifestyle changes	ActiveHealth Management, NQF # 0611

7. Behavioral Health

Ref. #	Measure name	Measure description	Source/Ste ward
44	Screening for Clinical Depression	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool and follow up plan documented.	CMS, NQF # 0418
45	Antidepressant Medication Management	The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment.	NCQA, NQF # 0105
46	Depression Screening By 18 years of age	Percentage of adolescents 18 years of age who had a screening for depression using a standardized tool	NCQA, NQF # 1515
47	Post-Discharge Continuing Care Plan Created	Patients discharged from a hospital-based IP psychiatric setting with a continuing care plan created overall and stratified by age groups	NQF # 0557
48	Follow-Up After Hospitalization for Mental Illness	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	NQF # 0567
49	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The measure calculates the percentage of individuals 18 years of age or greater as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC)] of at least 0.8 during the measurement period (12 consecutive months).	CMS, NQF # 1879
50	Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (SSD)	The percentage of individuals 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed any antipsychotic medication and had a diabetes screening during the measurement year.	NCQA, NQF # 1932
51	Cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications	The percentage of individuals 18 – 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication who received a cardiovascular health screening during the measurement year.	NCQA, NQF # 1927
52	Cardiovascular health monitoring for people with cardiovascular disease and schizophrenia (SMC)	The percentage of individuals 18 – 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.	NCQA, NQF # 1933
53	Diabetes monitoring for people with diabetes and schizophrenia	The percentage of individuals 18 – 64 years of age with schizophrenia and diabetes who had both and LDL-C test and an HbA1c test during the measurement year.	NCQA, NQF # 1934

7. Behavioral Health (cont.)

Ref. #	Measure name	Measure description	Source/Steward
54	Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)	The percentage of discharges for individuals 18 – 64 years of age who were hospitalized for treatment of schizophrenia and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported. <ul style="list-style-type: none"> •The percentage of individuals who received follow-up within 30 days of discharge •The percentage of individuals who received follow-up within 7 days of discharge 	NCQA, NQF # 1937

8. Dental

Ref. #	Measure name	Measure description	Source/Steward
55	Annual Dental Visit	Percentage of members 2-21 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization’s Medicaid contract.	NCQA, NQF # 1388

9. Obesity

Ref. #	Measure name	Measure description	Source/Steward
16	Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI documented in the medical record AND if the most recent BMI is outside the parameters, a follow up plan is documented.	CMS, NQF # 0421
58	Body Mass Index (BMI) 2 through 18 years of age	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender	NCQA, NQF # 0024

10. Cancer

Ref. #	Measure name	Measure description	Source/Steward
59	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, who's primary tumor is progesterone and estrogen receptor negative recommended for multiagent chemotherapy (considered or administered) within 4 months (120 days) of diagnosis.	American College of Surgeons, NQF # 0559
60	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	Percentage of patients under the age of 80 with AJCC III (lymph node positive) colon cancer for whom adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery	American College of Surgeons, NQF # 0223
61	Proportion receiving chemotherapy in the last 14 days of life	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life	American Society of Clinical Oncology, NQF # 0210
62	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology	Percentage of visits for patients, regardless of 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	AMA-PCPI, NQF # 0383
63	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	AMA-PCPI, NQF # 0384
64	Oncology: Cancer Stage Documented	Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period	AMA-PCPI, NQF # 0386

11. Pain management

Ref. #	Measure name	Measure description	Source/Steward
65	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	<p>Number of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report pain was brought to a comfortable level within 48 hours.</p> <p><u>NUM</u>: Patients whose pain was brought to a comfortable level (as defined by patient) within 48 hours of initial assessment (after admission to hospice services).</p> <p><u>DEN</u>: Patients who replied "yes" when asked if they were uncomfortable because of pain at the initial assessment (after admission to hospice services).</p>	National Hospice and Palliative Care Organization, NQF # 0209
66	Self-Reporting of Pain	<p>Percent of residents who self-report moderate to severe pain (short stay).</p> <p><u>NUM</u>: Number of short-stay residents who are able to self-report with a selected target assessment.</p> <p><u>DEN</u>: The denominator is the total of all short-stay residents in the nursing facility who have received an MDS 3.0 14-day PPS assessment during the preceding 6 months from the selected quarter and who do not meet the exclusion criteria.</p>	CMS, NQF #0676
67	Self-Reported Measure of Severe Pain	<p>Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)</p> <p><u>NUM</u>: Number of long-stay residents with a Minimum Data Set assessment during the selected quarter who self-report almost constant or frequent pain on a scale of 1-4 AND at least one episode of moderate to severe pain in the 5 days prior to the assessment</p> <p><u>DEN</u>: total of all long-stay residents in the nursing home who have an assessment during the selected quarter and do not meet exclusion criteria</p>	CMS, NQF #677
68	Patients treated with opioid given a bowel regimen	<p>Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed</p> <p><u>NUM</u>: Patients from the denominator that are given a bowel regimen or there is documentation as to why this was not needed</p> <p><u>DEN</u>: Vulnerable adults who are given a new prescription for an opioid</p>	RAND, NQF#1617

12. Stroke

Ref. #	Measure name	Measure description	Source/Steward
69	Venous Thromboembolism (VTE) Prophylaxis	Ischemic or a hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission.	The Joint Commission, NQF # 0434
70	Antithrombotic Therapy By End of Hospital Day Two	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.	The Joint Commission, NQF # 0438
71	Assessed for Rehabilitation	Ischemic stroke or hemorrhagic stroke patients who were assessed for rehabilitation services	The Joint Commission, NQF # 0441
72	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	The Joint Commission, NQF # 0435
73	Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge.	AMA-PCPI, NQF # 0241
74	Discharged on Statin Medication	Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	The Joint Commission, NQF # 0439
75	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival.	Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival.	CMS, NQF # 0661
76	Screening for Dysphagia	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth	AMA-PCPI, NQF # 0243

13. Miscellaneous

Ref. #	Measure name	Measure description	Source/Steward
77	Pressure Ulcer Prevention Plans Implemented	Percent of patients with assessed risk for Pressure Ulcers for whom interventions for pressure ulcer prevention were implemented during their episode of care	CMS, NQF # 0539
78	Therapeutic monitoring: Annual monitoring for patients on persistent medications	Percentage of patients 18 years and older who received at least 180-day supply of medication therapy for the selected therapeutic agent and who received annual monitoring for the therapeutic agent. (Includes: ACE/ARBs, digoxin, diuretics, anticonvulsants)	NCQA, NQF # 0021
79	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following.	NCQA, NQF # 0004

C. Care management

1. Care Transitions

Ref. #	Measure name	Measure description	Source/Steward
80	3-Item Care Transition Measure (CTM-3)	<p>Uni-dimensional self-reported survey that measures the quality of preparation for care transitions.</p> <p><u>NUM</u>: The 15-item and the 3-item CTM share the same set of response patterns: Strongly Disagree; Disagree; Agree; Strongly Agree (there is also a response for Don't Know; Don't Remember; Not Applicable). Based on a subject's response, a score can be assigned to each item as follows:</p> <ul style="list-style-type: none"> • Strongly Disagree = 1 • Disagree = 2 • Agree = 3 • Strongly Agree = 4 <p>Next, the scores can be aggregated across either the 15 or 3 items, and then transformed to a scale ranging from 0 to 100. Thus the denominator is 100 and the numerator can range from 0 to 100.</p> <p>Time Window = recommended within 30 days of event</p> <p>The CTM has application to all hospitalized adults. Testing has not included children, but the measure may have potential application to this population as well. Persons with cognitive impairment have been included in prior testing, provided they are able to identify a willing and able proxy. The CTM has been tested in English- and Spanish-speaking (using an available Spanish version of the CTM) populations.</p>	University of Colorado Health Sciences Center, NQF # 0228
81	Timely Transmission of Transition Record	<p>Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.</p> <p><u>NUM</u>: Patients for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge</p> <p><u>DEN</u>: All patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care.</p>	AMA-PCPI, NQF # 0648
82	Transition Record with Specified Elements Received by Discharged Patients	<p>Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements</p> <p><u>NUM</u>: Patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the following elements: In-patient, Post d/c pt. self-mgmt, Advance care plan, contact info.</p> <p><u>DEN</u>: All patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care.</p>	AMA-PCPI, NQF # 0647

2. Care Planning

Ref. #	Measure name	Measure description	Source/Steward
83	Advanced Care Plan	<p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p><u>Num:</u> Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p><u>D:</u> All patients aged 65 years and older*</p>	NQF # 0326
84	Post-Discharge Continuing Care Plan Created	<p>Patients discharged from a hospital-based IP psychiatric setting with a continuing care plan created overall and stratified by age groups</p> <p><u>Num:</u> Psychiatric inpatients for whom the post discharge continuing care plan is created and contains all of the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations overall and stratified by age groups: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years).</p> <p><u>Den:</u> Psychiatric inpatient discharges overall and stratified by age group: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years).</p>	Joint Commission, NQF # 0557
85	Post-Discharge Continuing Care Plan transmitted to next level of care provider upon discharge	<p>Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity overall and stratified by age groups: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years).</p> <p>Note: this is a paired measure with HBIPS-6: Post discharge continuing care plan created.</p> <p><u>Num:</u> Psychiatric inpatients for whom the post discharge continuing care plan was transmitted to the next level of care overall and stratified by age groups: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years).</p> <p><u>Den:</u> Psychiatric inpatient discharges overall and stratified by age group: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years).</p>	Joint Commission, NQF #0558

3. Care Follow Up

Ref. #	Measure name	Measure description	Source/Steward
87	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following. a. Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. b. Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	NCQA, NQF # 0004
88	Follow-Up After Hospitalization	Percentage of discharges for patients 6 years of age and older who had an OP visit. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge.	CMS

D. Medication management

1. Documentation of adverse drug reactions

Ref. #	Measure name	Measure description	Source/Steward
89	Documentation of known adverse drug reactions (ADRs): percentage of patients whose known ADRs are documented on the current medication chart.	This measure is used to assess the percentage of patients whose known adverse drug reactions (ADRs) are documented on the current medication chart.	AHRQ National Quality Measures Clearinghouse (from: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2011. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2011 Jan.)

2. Medication reconciliation

Ref. #	Measure name	Measure description	Source/Steward
90	Medication Reconciliation	<p>Percentage of patients aged 65 years and older discharged from any IP facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen <u>within 60 days following discharge</u> 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</p> <p><u>Num</u>: Patients who had a reconciliation of the discharge medications with the current medication list in the medical record documented.</p> <p><u>Den</u>: 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.</p>	NQF, # 0097
91	Medication Reconciliation Post-Discharge	<p>The percentage of discharges from January 1–December 1 of the measurement year for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge.</p> <p><u>Num</u>: Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse, as documented through administrative or medical record review on or within 30 days of discharge.</p> <p><u>Den</u>: All discharges from an in-patient setting for health plan members who are 66 years and older as of December 31 of the measurement year.</p>	NCQA, NQF # 0554

III. OUTCOME

A. Morbidity & mortality

1. Mortality

Ref. #	Measure name	Measure description	Source/Steward
92	Participant All Cause Mortality Rate	Percentage of patients enrolled in the initiative who died.	CMS

2. Morbidity: Diabetes

Ref. #	Measure name	Measure description	Source/Steward
93	Comprehensive Diabetes Care	The percentage of individuals 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: <ul style="list-style-type: none"> • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • HbA1c control (<7.0%) * • Eye exam (retinal) performed • LDL-C screening • LDL-C control (<100 mg/dL) • Medical attention for nephropathy • BP control (<140/90 mm Hg) • Smoking status and cessation advice or treatment 	NQF # 0731
94	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 %. Denominator: Patients 18-75 years of age with diabetes. Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%	NQF # 0059
95	Blood Pressure Management	Percentage of patients 18-75 years of age with diabetes (type 1 or 2) who had a blood pressure < 140/90. Denominator: Patients 18-75 years old with diabetes. Numerator: Patients most recent systolic blood pressure measurement < 140 mm Hg and a diastolic blood pressure < 90 mm Hg during the measurement period.	NQF #0061
96	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. Denominator: Patients 18 to 75 years of age with diabetes. Numerator: Patients with most recent LDL-C level performed during the measurement period is < 100 mg/dL.	NQF #0064

3. Morbidity: Cardiovascular

Ref. #	Measure name	Measure description	Source/Steward
141	Congestive Heart Failure Admission Rate	Percent of county population with an admissions for CHF	NQF # 0277
98	Hospital 30-day, all-cause, risk-standardized readmission rate following heart failure hospitalization for patients 18 and older	The measure estimates a hospital 30-day risk-standardized readmission rate (RSRR), defined as readmission for any cause within 30 days after the date of discharge of the index admission for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF).	NQF # 0330
99	Controlling High Blood Pressure	Percentage of patients > 18 years of age with a diagnosis of hypertension in the first six months of the measurement year or any time prior with last BP < 140/90 mm Hg	NQF # 0018
100	CAD: Lipid Control	Percentage of patients aged 18 years and older with a diagnosis of CAD seen within a 12 month period who have a LDL-C result <100 mg/dL OR patients who have a LDL-C result \geq 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	NQF # 0074
101	IVD: Lipid Control	The 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 coronary interventions (PCI) 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 measurement year, who had each of the following during the measurement year. <ul style="list-style-type: none"> • Complete Lipid Profile • LDL-C control <100 mg/dL 	NQF 0075

4. Morbidity: Pulmonary

Ref. #	Measure name	Measure description	Source/Steward
102	Asthma: percent of patients who have had a visit to an Emergency Department (ED)/Urgent Care office for asthma in the past six months.	This measure is used to assess the percent of patients who have had a visit to an Emergency Department (ED)/Urgent Care office for asthma in the past six months.	AHRQ National Quality Measures Clearinghouse (from: HRSA Health Disparities Collaboratives; 2005)
103	Asthma Emergency Department Visits	Percentage of patients with asthma who have greater than or equal to one visit to the emergency room for asthma during the measurement period.	Alabama Medicaid Agency, NQF # 1381
104	Well-controlled asthma: FEV1	Percentage of patients with asthma who have FEV1 \geq 80% predicted/personal best.	NIH: NHLBI, EPR3 http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm

5. Morbidity: Obesity

Ref. #	Measure name	Measure description	Source/Steward
105	Body Mass Index (BMI)	Two rates: (1) Percentage of patients overweight (BMI between 25.0 and 29.9); and (2) Percentage of patients obese (BMI greater than 30). Depending upon population, consider also including waist circumference and racial/ethnic guidelines on BMI cutoff.	http://www.nhlbi.nih.gov/guidelines/obesity/e_txtbk/txgd/414.htm http://www.nhlbi.nih.gov/guidelines/obesity/e_txtbk/txgd/4142.htm

6. Morbidity: Mental health

Ref. #	Measure name	Measure description	Source/Steward
106	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 a 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.	MN Community Measurement, NQF # 0710
107	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 a 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.	MN Community Measurement, NQF # 0711

7. Morbidity: Infectious and parasitic diseases

Ref. #	Measure name	Measure description	Source/Steward
108	Pneumonia readmission rate	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization.	AHRQ National Quality Measures Clearinghouse (from: CMS, 2010)
109	Postoperative Sepsis	Rate per 1,000 eligible admissions of postoperative sepsis.	AHRQ National Quality Measures Clearinghouse (from:AHRQ 2010)

8. Morbidity: Skin conditions

Ref. #	Measure name	Measure description	Source/Steward
110	Pressure Ulcers	Percentage of patients in facility who develop pressure ulcers while in the facility.	AHRQ National Quality Measures Clearinghouse (from: American Medical Directors Association 2004)

9. Morbidity: Injury

Ref. #	Measure name	Measure description	Source/Steward
111	Patient fall rate, inpatient	All documented falls, with or without injury, experienced by patients on an eligible unit in a calendar quarter.	American Nurses Association, NQF # 0141

10. Morbidity: Birth

Ref. #	Measure name	Measure description	Source/Steward
112	Low birth weight	Rate of infants with low birth weight.	AHRQ National Quality Measures Clearinghouse (from: AHRQ 2010)
113	Healthy Term Newborn	Percent of term singleton livebirths (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care.	CA Maternal Quality Care Collaborative, NQF # 0716

11. Morbidity: Rate of adverse drug events

Ref. #	Measure name	Measure description	Source/Steward
114	Percentage with an adverse drug events	<p>Percentage of participating patients who experience an adverse drug event, as defined in “Medication-Related Adverse Outcomes in U.S. Hospitals and Emergency Departments, 2008.”</p> <p><u>Num:</u> Patients with any of the following ICD-9 injury codes:</p> <ul style="list-style-type: none"> • 357.6, Neuropathy due to drugs • 692.3, Contact dermatitis due to drugs and medicines in contact with skin • 693.0, Dermatitis due to drugs or medicines taken internally • 960.0–964.9, 965.02–969.5, 969.8–979.9, Poisoning by drugs, medicinal and biological substances (includes overdose of these substances and wrong substances given or taken in error) • E850.1–E858.9, Accidental poisoning by drugs, medicinal substances, and biologicals (includes accidental overdose, wrong dose given or taken in error, and drug taken inadvertently) • E 930.0–E934.9, E935.1–E949.9, Drugs, medicinal substances, and biologicals causing adverse effects in therapeutic use (includes correct drug properly administered in therapeutic or prophylactic dosage as the cause of any adverse reaction including allergic or hypersensitivity reactions) <p><u>Den:</u> All patients enrolled in the intervention.</p> <p><u>Excl:</u> Self-inflicted poisoning or assault (E950.0–E950.9, E962.0–E962.9, E980.0–E980.9; 965.00, 965.01, 969.6, 969.7, E850.0, E854.1, E854.2, E935.0, E939.6, E939.7).</p>	CMS

12. Morbidity: Medication adherence

Ref. #	Measure name	Measure description	Source/Steward
115	Proportion of Days Covered: 5 Rates by Therapeutic Category	<p>Percentage of patients 18 years and older who met the proportion of days covered threshold of 80% during the measurement year. Rate is calculated separately for the following medication categories: Beta-Blockers, ACEI/ARB, Calcium-Channel Blockers, Diabetes Medication, Statins</p> <p><u>Num:</u> The number of patients who met the PDC threshold during the measurement year for each therapeutic category separately. Follow the steps below for each patient to determine whether the patient meets the PDC threshold. Four steps.</p> <p><u>Den:</u> Patients who were dispensed at least two prescriptions in a specific therapeutic category on two unique dates of service during the measurement year.</p>	NQF # 0541

B. Functional & health status

Ref. #	Measure name	Measure description	Source/Steward
116a	VR-12	12 Item Health Survey.	http://www.chgoer.research.va.gov/docs/VR12.pdf
117	Activity Measure for Post Acute Care (AM-PAC)-CMS DOTPA Short Form Public Domain Version	The AM-PAC is a functional status assessment instrument developed specifically for use in facility and community dwelling post acute care patients. Unlike traditional functional outcome measures which are disease, condition, or setting-specific, the AM-PAC was designed to be used across patient diagnoses, conditions and settings where post acute care is being provided; therefore, the AM-PAC is useful for developing benchmarks and for examining functional outcomes over an episode of post acute care, as patients move across care settings.	NQF # 0429, 0430
118	PROMIS	Patient Reported Outcomes Measurement Information System from NIH – 10-item Global Health	http://www.nihpromis.org/?AspxAutoDetectCookieSupport=1 and http://www.assessmentcenter.net/documents/InstrumentLibrary.pdf
119	Mental Health Status	Patient Health Questionnaire (PHQ-9)	http://www.cqaimh.org/pdf/tool_phq9.pdf

C. Health behaviors

Ref. #	Measure name	Measure description	Source/Steward
120	BRFSS Questions	<ol style="list-style-type: none"> 1. Behavioral Risk Factor Surveillance System (BRFSS) Survey Components <ol style="list-style-type: none"> a. Core component: fixed core, rotating core, & emerging core b. Optional modules c. State-added modules 2. Check state components: http://apps.nccd.cdc.gov/BRFSSModules/ModByState.asp?Yr=2011 3. Optional modules: http://apps.nccd.cdc.gov/BRFSSModules/ModByCat.asp?Yr=2011 4. Survey questionnaires: http://www.cdc.gov/brfss/questionnaires/english.htm 5. Examples of topics from Core Modules: <ul style="list-style-type: none"> Section 7: Tobacco Use Section 9: Fruits and Vegetables Section 10: Exercise Section 13: Seatbelt use Section 15: Alcohol Consumption 	CDC

D. Access

1. Timeliness of Emergent Care

Ref. #	Measure name	Measure description	Source/Steward
121	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department	CMS, NQF # 0496
122	Admit Decision Time to ED Departure Time for Admitted Patients	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status	CMS, NQF # 0497

2. Access to Scheduled Care

Ref. #	Measure name	Measure description	Source/Steward
123	CAHPS	Availability of primary care appointments (patient reported)	AHRQ
124	Availability of same day appointments	Percentage of participating practices that offer same day appointments.	CMS
125	Availability of extended office hours	Percentage of participating practices that offer extended office hours.	CMS
126	Availability of after-hours access	Percentage of participating practices that offer after-hours access.	CMS

IV. PATIENT & CAREGIVER EXPERIENCE

A. General Patient Satisfaction

Ref. #	Measure name	Measure description	Source/Steward
127	CAHPS	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers and patients to report on and evaluate their experiences with health care. We recommend the usage of CAHPS surveys in every setting of care for which they are available.	AHRQ, NQF # 0005-0009, 0517, 0691-0693, 0258
128	CG CAHPS	The CAHPS® Clinician & Group survey is designed to measure the experience of patients with physicians and physician office staff.	AHRQ
129	H CAHPS	This measure is used to assess adult inpatients' perception of their hospital. Patients rate their hospital on a scale from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible. Responses are grouped by rating: percentages are reported for ratings of 10 and 9, 8 and 7, and 0-6.	CMS/AHRQ
130	CAHPS- ECHO	The Experience of Care and Health Outcomes Survey (ECHO™) is designed to collect consumer's ratings of their behavioral health treatment.	AHRQ
131	CAHPS Health Literacy	The primary goal of the CAHPS item set for addressing health literacy is to measure, from the patients' perspective, how well health information is communicated to them by health care professionals.	AHRQ
132	CAHPS Child Survey	The expanded CAHPS® 3.0 Child Survey, which permits identification of children with special health care needs (or chronic care conditions), was developed by a collaboration of the Child and Adolescent Health Measurement Initiative (CAHMI), the CAHPS® research team, and AHRQ staff.	AHRQ
133	CAHPS PCMH	In order to assess how the medical home model affects patients, the CAHPS Consortium has developed a set of supplemental items that, when used in conjunction with the CAHPS Clinician & Group (C&G) Survey, assess patient experience with the domains of the medical home.	AHRQ

B. Patient Population Specific Satisfaction

Ref. #	Measure name	Measure description	Source/Steward
134	FS-ICU	This measure is used to assess the overall satisfaction of family members of patients in the intensive care unit based upon their responses to the Family Satisfaction in the Intensive Care Unit© (FS-ICU 24) questionnaire.	AHRQ- NQMC (National Quality Measures Clearinghouse)
135	NICU-FITS	The Neonatal Intensive Care Unit Fragile Infant Transition Summary™ (NICU FITS) is comprised of five multi-item scales that range from six to ten items in length. Response options range from four to five levels using conventional standards - "excellent" to "poor", "strongly agree" to "strongly disagree." The five scales measure maternal satisfaction with the NICU experience, support and encouragement received with the transition experience from NICU to home, self-confidence, coping, and anxiety. Two global items measure infant progress and development, and an overall rating of the infant's health and well-being. The NICU FITS also tracks the number of emergency room visits and hospital readmissions.	HealthActCHQ www.healthactchq.com/survey-nicu_fits.php
136	FIPRE: Fragile Infant Parent Readiness Evaluation	The Fragile Infant Parental Readiness Evaluation™ (FIPRE) consists of four multi-item scales that measure NICU support, infant well-being, parent well-being, and parent anxiety. The scales range from three to eleven items in length. Using a four level response option that ranges from "not at all" to "a lot", parents are asked to respond to a series of statements and indicate how much each one reflects their experience. Two global items measure family cohesion and anticipated limitations in personal time. There are five standard demographic questions: infant gender, birth order, the primary language spoken at home, the mother's country of birth, highest level of education, and marital status.	HealthActCHQ http://www.healthactchq.com/pdf/surveys/fipre.pdf

C. Other

Ref. #	Measure name	Measure description	Source/Steward
137	Patient Activation Measure (PAM) 13 item measure	Hibbard, Mahoney, Stockard & Tusler, 2005) (1) believing the patient role is important, (2) having the confidence and knowledge necessary to take action, (3) actually taking action to maintain and improve one's health, and (4) staying the course even under stress.	Hibbard, Mahoney, Stockard & Tusler, 2005)
138	Caregiver Quality of Life	Modified Caregiver Strain Index	Thornton, M., & Travis, S.S. (2003). Analysis of the reliability of the Modified Caregiver Strain Index. The Journal of Gerontology, Series B, Psychological Sciences and Social Sciences, 58(2), p. S129. http://consultgerirn.org/uploads/File/trythis/try_this_14.pdf
139	National Caregiving Alliance Survey	Specific sections of potential interest: <ul style="list-style-type: none"> • C. CHARACTERISTICS OF THE RELATIONSHIP • D. CHARACTERISTICS OF RECIPIENT • E. MEDICATIONS • F. OTHER CAREGIVER SUPPORT • G. STRESS ON WORKING CAREGIVERS • H. PHYSICAL, EMOTIONAL AND FINANCIAL STRESS OF CAREGIVING • I. USE OF INTERNET AND OTHER TECHNOLOGIES • J. INFORMATION/SERVICES/POLICY 	http://www.caregiving.org/pdf/research/2009Caregiving_Appendix_A_Full_Questionnaire.pdf

V. COST & RESOURCE USE

A. Inpatient utilization

1. Admissions

Ref. #	Measure name	Measure description	Source/Steward
140	All cause inpatient admission rate	The number of discharges for any cause per 100,000 population age 18 years and older in a Metro Area or county in a one year time period. Numerator: All discharges age 18 years and older. Denominator: Population age 18 years and older in Metro Area or county	CMS
141	Ambulatory Care Sensitive Condition Admission Rates	Admissions per 100,000 for each of the following conditions: <ul style="list-style-type: none"> • Diabetes long term complications • COPD • CHF • Bacterial pneumonia • Adult asthma • Urinary tract infection 	AHRQ, NQF # 0274, 0275, 0277, 0279, 0283, 0281

2. Readmissions

Ref. #	Measure name	Measure description	Source/Steward
142	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR) for patients aged 18 and older. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts. We developed the measure for patients 65 years and older using Medicare fee-for-service (FFS) claims and subsequently tested and specified the measure for patients aged 18 years and older using all-payer data. We used the California Patient Discharge Data (CPDD), a large database of patient hospital admissions, for our all-payer data.	CMS, NQF # 1789

B. ED utilization

Ref. #	Measure name	Measure description	Source/Steward
143	ED Visit Rate	<p>Hospital ED Visit Rate, by Condition (as appropriate).</p> <p><u>Num</u>: All participating patients with a given condition, sum the number of ED visits.</p> <p><u>Den</u>: Count number of participating patients with a given condition. Includes ED observation unit visit rates.</p>	CMS

C. Other utilization

1. Hospice

Ref. #	Measure name	Measure description	Source/Steward
144	Proportion not admitted to hospice	<p>Percentage of patients who died from cancer not admitted to hospice</p> <p><u>Num</u>: Patients who died from cancer without being admitted to hospice</p> <p><u>Den</u>: Patients who died from cancer.</p>	NQF # 0215
61	Proportion receiving chemotherapy in the last 14 days of life	<p>Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life</p> <p><u>Num</u>: Patients who died from cancer and received chemotherapy in the last 14 days of life</p> <p><u>Den</u>: Patients who died from cancer.</p>	NQF # 0210
146	Proportion with more than one emergency room visit in the last days of life	<p>Percentage of patients who died from cancer with more than one emergency room visit in the last days of life</p> <p><u>Num</u>: Patients who died from cancer and had >1 ER visit in the last 30 days of life</p> <p><u>Den</u>: Patients who died from cancer.</p>	NQF # 0211
147	Proportion admitted to the ICU in the last 30 days of life	<p>Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life</p> <p><u>Num</u>: Patients who died from cancer and were admitted to the ICU in the last 30 days of life</p> <p><u>Den</u>: Patients who died from cancer.</p>	NQF # 0213
148	Proportion admitted to hospice for less than 3 days	<p>Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there</p> <p><u>Num</u>: Patients who died from cancer and spent fewer than three days in hospice.</p> <p><u>Den</u>: Patients who died from cancer who were admitted to hospice</p>	NQF # 0216

D. Cost of care

Ref. #	Measure name	Measure description	Source/Steward
149	Total Cost of Care Population-based PMPM Index	Total Cost of Care reflects a mix of complicated factors such as patient illness burden, service utilization and negotiated prices. Total Cost Index (TCI) is a measure of a primary care provider’s risk adjusted cost effectiveness at managing the population they care for. TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services. Inpatient services: Inpatient facility services, Inpatient services: Evaluation and management, Inpatient services: Procedures and surgeries, Inpatient services: Imaging and diagnostic, Inpatient services: Lab services, Inpatient services: Admissions/discharges, Inpatient services: Labor (hours, FTE, etc.), Ambulatory services: Outpatient facility services, Ambulatory services: Emergency Department, Ambulatory services: Pharmacy, Ambulatory services: Evaluation and management, Ambulatory services: Procedures and surgeries, Ambulatory services: Imaging and diagnostic, Ambulatory services: Lab services, Ambulatory services: Labor (hours, FTE, etc.), Durable Medical Equipment (DME)	NQF
150	Total Medicare Part A and B Cost Calculation	<p>a. Price standardize (if possible) for DSH, IME, and area wages. Method of pricing should be transparent and standardized when possible to reflect underlying utilization changes and not artifacts of the Medicare payment system.</p> <p>b. No routine truncation of extreme values except those related to obvious data errors. If truncation is necessary, model diagnostics and sensitivity analyses are recommended</p> <p>c. Recommend risk adjustment</p> <p>d. Partial year observations or incomplete calendar year FFS claims should be annualized by prorating and then down weighting. For deaths, consideration should be given to annualizing partial year costs in a way that accounts for the exponential increase in monthly costs as death approaches¹⁰.</p>	CMS