

## NQF REPORT ON MEASURE GAPS AND INADEQUACIES

### OVERVIEW

The Affordable Care Act (ACA) (P.L. 111-148, sec. 3011), requires the Secretary of Health and Human Services to establish a National Strategy for Quality Improvement in Health Care, which serves as a strategic plan for improving the delivery of health care services, achieving better patient outcomes, and improving the health of the U.S. population. The strategy will be continually updated as the Affordable Care Act is implemented.

Section 3014 of ACA requires a report from the National Quality Forum (NQF) regarding the identification of gaps in endorsed quality measures—to include measures within the National Quality Strategy priority areas—to be provided to the Secretary by February 1, 2012 and annually thereafter. The report was also intended to identify areas where evidence was insufficient to support endorsement of quality measures in priority areas.

### Methods

In order to prepare this report on measure gaps, NQF staff consulted numerous data sources to identify endorsed measure and evidence gaps. Staff reviewed approximately 750 endorsed measures within the NQF portfolio and identified the measures that address one or more of the National Quality Strategy (NQS) priority areas and areas where gaps remain. Staff also reviewed NQF-related efforts that address many of the priority areas, including NQF project consensus development project reports. NQF endorsement committees routinely identify gaps as part of the work of the consensus development process. The NQF report "[Prioritization of High-Impact Medicare Conditions and Measure Gaps](#)" developed by the Measure Prioritization Advisory Committee and published in May, 2010 was also used as a data source for gaps.

NQF has captured this information in a high-level matrix organized by priority area and the high impact clinical conditions which highlights where endorsed measures exist and gaps remain. Given the volume of clinical conditions and cross-cutting areas addressed within the NQF portfolio, a targeted list of clinical conditions is included.

It is anticipated that this analysis will continue to evolve over the coming years through the NQF National Priorities Partnership, the Measures Applications Partnership, endorsement maintenance projects, and other activities.

### NATIONAL QUALITY STRATEGY OVERVIEW

The NQF-convened National Priorities Partnership (NPP) proposed goals and measure concepts in its September 1, 2011 report "[Input to the Secretary of Health and Human Services on Priorities for the National Quality Strategy](#)" regarding the six national priorities:

1. Making Care Safer
2. Ensuring Person- and Family-Centered Care
3. Promoting Effective Communication and Coordination of Care

4. Promoting the Most Effective Prevention and Treatment of the Leading Causes of Mortality, Starting with Cardiovascular Disease
5. Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living
6. Making Quality Care More Affordable

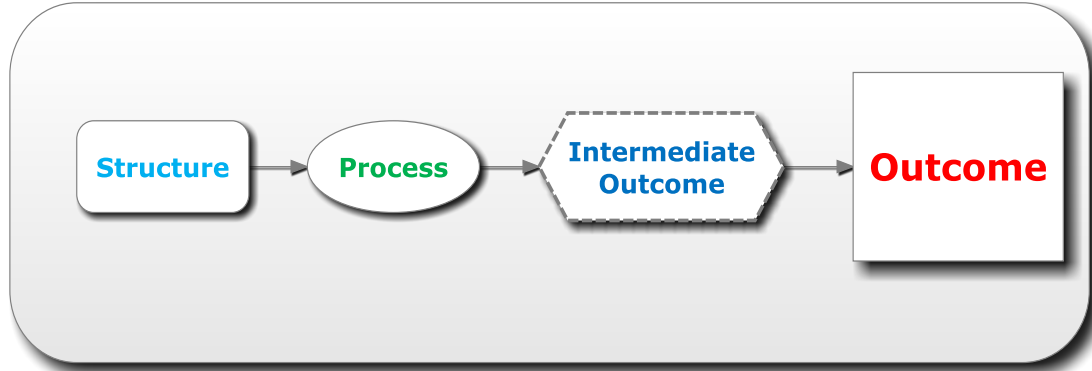
The proposed goals and measure concepts are intended to “provide a set of clear aims with which the NQS can guide the nation to achieve safe, timely, effective, efficient, and equitable care,” and are discussed in more detail below. Some of the measure concepts identify important measurement gaps, while measure development may be limited by evidence gaps.

The Secretary’s National Quality Strategy requires a wide array of quality and efficiency measures for implementation. While some of the strategy’s priority areas may be well-supported by NQF-endorsed measures, others may have fewer, or in some cases, no endorsed measures aligned with them.

For the purposes of this report, we have expanded the applicability of the fourth priority area, related to prevention and treatment, beyond cardiovascular disease to the other conditions listed below. While there are numerous condition-specific clinical process measures, there are major gaps for some conditions (e.g., Alzheimer’s). There are also important gaps in condition-specific measures that address critical national priorities (e.g., cost measures for high-cost conditions).

- Alzheimer's Disease
- Cancer
- Cardiovascular
- Cataract
- Child Health
- Depression
- Diabetes
- Glaucoma
- Hip/Pelvic Fracture
- Maternal Health
- Osteoporosis
- Pulmonary
- Renal Disease
- Rheumatoid Arthritis / Osteoarthritis
- Serious Mental Illness
- Stroke

Since there is a strong desire to move toward patient-focused outcomes of care, the report also identifies potential outcome gaps for clinical and cross-cutting areas. For example, while there are numerous cancer-related process measures, there are no endorsed cancer outcome measures. Recent work by [NQF’s Evidence Task Force](#) identified a hierarchical preference for outcomes linked to evidence-based processes and structures (Figure 1). While there is still a need for process and structural measures, especially for quality improvement, they should be closely linked to outcomes. In the tables that follow, gaps for outcome measures in some high impact clinical areas are identified.

**Figure 1. NQF Measure Hierarchy**

The NQF Evidence Task Force also emphasized the importance of assessing the quality, quantity and consistency of evidence underlying the measure focus. While endorsement of some clinical measures has been limited by empirical evidence, NQF provides an exception in cases for which expert opinion can be systematically assessed with agreement that the benefits to patients greatly outweigh potential harms. In some cross-cutting priority areas, such as pain management and patient engagement, Committee expert opinion has been used to satisfy the evidence requirement.

There has also been a strong interest from numerous stakeholders, including consumers and purchasers, in moving to composite measures. Composite measures are defined as one or more measures that are combined into a single score. Because composite measures provide a more comprehensive view of care and may be more understandable to end users, there has been a shift toward composite measures in many clinical areas. For example, an endorsed cardiovascular care composite encompasses the key secondary prevention elements critical for prevention of cardiac events (e.g., use of aspirin, non-smoking status, lipid control, and blood pressure control). Given the interest in these measures, gaps for composite measures are also noted in the tables that follow.

### **GAPS ACROSS CROSS-CUTTING AREAS**

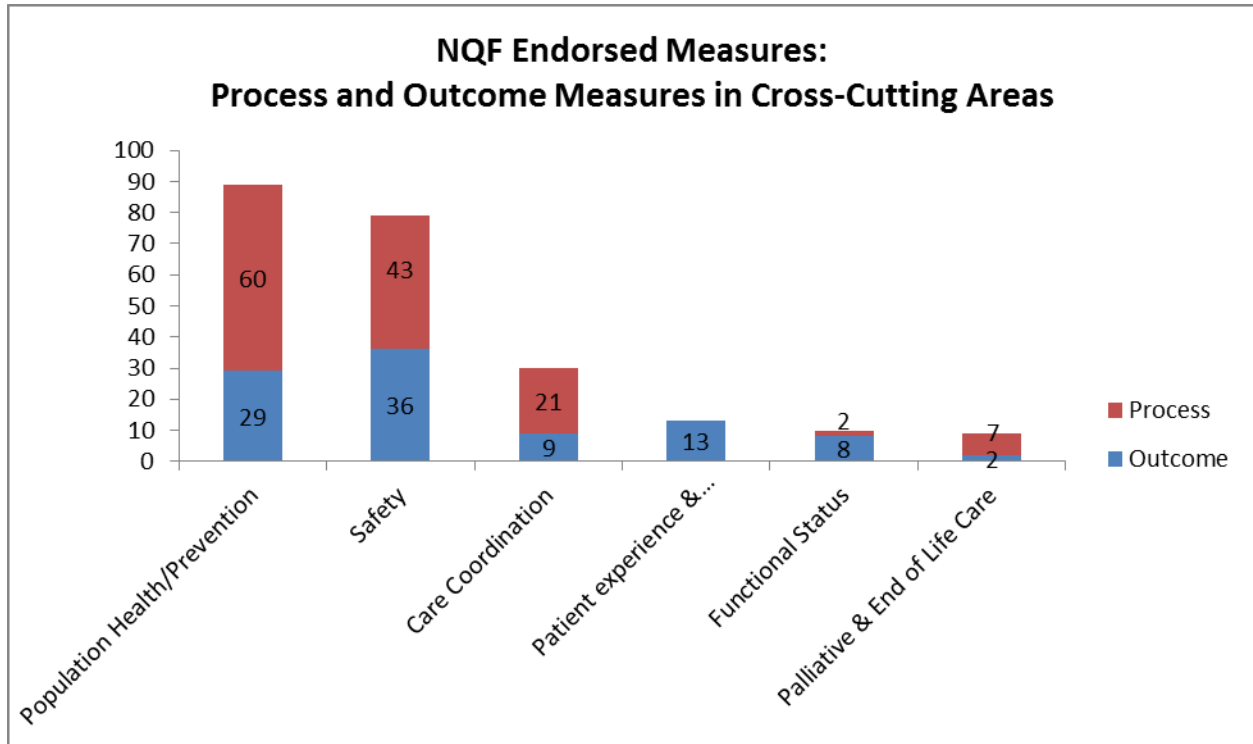
While many measures within the NQF portfolio relate to specific conditions or clinical areas, others address or are applicable to cross-cutting areas such as safety and care coordination. Currently NQF-endorsed measures are categorized by these cross-cutting areas when applicable, overlapping with many of the cross-cutting national priorities outlined within the NQS.

Figure 2 provides a graphic representation of the more than 750 measures across these areas. This figure provides information on NQF-endorsed measures by cross-cutting area, as well as the type of measure (structure, process, outcome, and composite).

As demonstrated in the figure below, population health/prevention and safety represent the cross-cutting areas with the largest number of measures, while there are clear measure gaps in cross-cutting areas such as care coordination and patient experience and engagement. In addition, for areas with a range of measures, many focus on processes of care. However, there has been an increased focus on outcome measures with outcome measures now representing

approximately 30 percent of the NQF portfolio. Measure development is also evolving to new areas such as resource use/cost (an area for which NQF is now endorsing measures) and patient-reported outcomes. Planned NQF endorsement projects in the coming year in these high priority areas, such as patient engagement and population health, should help to fill some of these important gaps.

**Figure 2. Cross-Cutting Areas represented within the NQF portfolio**



The following sections address measures and gaps related to each of the cross-cutting areas.

### **Making Care Safer**

NQF has endorsed a robust set of patient safety measures. However, gaps remain. For example, there is a need for measures that assess broader, more cross-cutting issues of medication safety, rather than measures that apply to separate medications. There is also interest in “templates” for medication management and safety that could be applied to different medications or conditions. In addition, more research on standard medication monitoring and its effect on outcomes or complications are needed. There is also a recognized need to expand available patient safety measures beyond the hospital setting and harmonize safety measures across sites and settings of care. There have also been recognized patient safety gaps in potentially high leverage areas, such as healthcare associated infections (e.g., MRSA) and measures that assess the culture of safety.

The NPP provided guidance on proposed goals and measure concepts related to the National Quality Strategy. The following table provides the NPP-recommended goals and measure concepts on Priority Area #1, Making Care Safer. Under the identified measure concepts, there

are gaps related to inappropriate medication use and polypharmacy. There are also continued efforts to expand all-cause safety measures.

National Priority: Make care safer.			
GOALS	Reduce preventable hospital admissions and readmissions.	Measure Concepts	<ul style="list-style-type: none"> <li>•Hospital admissions for ambulatory-sensitive conditions</li> <li>•All-cause hospital readmission index</li> <li>•All-cause healthcare-associated conditions</li> <li>•Individual healthcare-associated conditions</li> <li>•Inappropriate medication use and polypharmacy</li> <li>•Inappropriate maternity care</li> </ul>
	Reduce the incidence of adverse healthcare-associated conditions.		
	Reduce harm from inappropriate or unnecessary care.		

### Ensuring Person- and Family-Centered Care

There have been a growing number of standardized measures that assess patient experience in multiple care settings. However, as noted in the NPP measure concepts related to this priority area, there is a significant gap in measures that assess patient and family involvement in decisions about healthcare. There is a growing evidence base on decision quality and there is an expectation that these measures will be submitted to NQF in the coming year. The measurement of care planning and joint development of treatment goals has not been limited by available evidence. It has been difficult to construct meaningful measures that move beyond “checkbox” measures that assess whether a plan exists.

National Priority: Ensure person- and family-centered care.			
GOALS	Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings.	Measure Concepts	<ul style="list-style-type: none"> <li>•Patient and family experience of quality, safety, and access</li> <li>•Patient and family involvement in decisions about healthcare</li> <li>•Joint development of treatment goals and longitudinal plans of care</li> <li>•Confidence in managing chronic conditions</li> <li>•Easy-to-understand instructions to manage conditions</li> </ul>
	In partnership with patients, families, and caregivers—and using a shared decision-making process—develop culturally sensitive and understandable care plans.		
	Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.		

### Promoting Effective Communication and Coordination of Care

In the area of care coordination, measures that focus on communication and transitions across setting (e.g., medication reconciliation and transitions from inpatient facilities to other settings) and healthcare home have been endorsed, leaving many areas outlined in the NQF care coordination framework (i.e., proactive plan of care and follow-up, information systems) without current endorsed measures. NQF is aware of some work to begin to leverage information systems to facilitate care coordination, but in a recent call for measures related to Care Coordination, NQF did not receive any new measures to address this area. Some limited development is underway, but much work remains.

The table below from the National Priorities Partnership’s September report shows the NPP-recommended goals and measure concepts for Promoting Effective Communication and Coordination of Care, the third priority area in HHS’ National Quality Strategy. Several of the measure concepts have associated endorsed measures, such as transition records and advanced care planning. These endorsed measures tend to be limited to certain populations and settings and there is a need for a measure development and testing that would move these measures to broader populations.

The NPP goals also specifically note the need for measures that assess symptom management and functional status. While there have been measures that assess patient function and well-being in certain settings, such as home health and nursing homes, measures that assess a change (or “delta”) in function have been limited. In addition, while there are many patient-level instruments/measures of health status and function, there are few performance measures that utilize these tools to assess the care provided by healthcare entities. In 2012, NQF will work with experts to address some of methodological challenges that have limited use of patient-reported outcomes across data platforms as performance measures.

National Priority: Promote effective communication and care coordination.		
GOALS	Improve the quality of care transitions and communications across care settings.	Measure Concepts
	Improve the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status.	
	Establish shared accountability and integration of communities and healthcare systems to improve quality of care and reduce health disparities.	
		<ul style="list-style-type: none"> <li>• Experience of care transitions</li> <li>• Complete transition records</li> <li>• Chronic disease control</li> <li>• Care consistent with end-of-life wishes</li> <li>• Experience of bereaved family members</li> <li>• Care for vulnerable populations</li> <li>• Community health outcomes</li> <li>• Shared information and accountability for effective care coordination</li> </ul>

**Promoting the Most Effective Prevention and Treatment of the Leading Causes of Mortality, Starting with Cardiovascular Disease**

The following table provides the NPP-recommended goals and measure concepts on Priority Area #4, Promoting the Most Effective Prevention and Treatment of the Leading Causes of Mortality, Starting with Cardiovascular Disease. While most of the identified cardiovascular prevention concepts relate to currently endorsed measures, there are some measurement gaps related to access to healthy foods and nutrition. Evidence will likely be strong for these cardiovascular prevention measures. The current NQF Population Health project may bring some of these measures forward for evaluation for endorsement.

Condition-specific measures and the gaps related to effective prevention and treatment of high impact conditions, including cardiovascular care, are discussed in the condition-specific section of this report.

National Priority: Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.			
GOALS	Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.	Measure Concepts	•Access to healthy foods
	Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.		•Access to recreational facilities
	Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.		•Use of tobacco products by adults and adolescents
			•Consumption of calories from fats and sugars
			•Control of high blood pressure
			•Control of high cholesterol

### Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living

Measures that can assess the health of populations are a growing area of interest in the measurement enterprise. Population health focuses not only on disease across multiple sectors, but also on prevention and health promotion. Identifying valid and reliable measures of performance across these multiple sectors can be challenging. The NPP-recommended goals and measure concepts for this priority area are noted below. The NPP recommended a three-tiered approach to population health to address the national priority of working with communities to promote the wide use of best practices to enable healthy living and well-being. While there have been endorsed measures that relate to the receipt of clinical preventive services and immunization measures across the lifespan, most, but not all, of these measures focused on clinical rather than community settings. There are measurement gaps in many of the population-level concepts below, including social support, unhealthy drinking, obesity, and dental health. In the current Population Health Project, NQF will evaluate submitted population-level measures that include a focus on healthy lifestyle behaviors and community interventions that improve health and well-being. A new oral health project will also help to prioritize dental concepts and identify gaps in both dental measures and evidence.

National Priority: Work with communities to promote wide use of best practices to enable healthy living and well-being.			
GOALS	Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.	Measure Concepts	•Adequate social support
	Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.		•Emergency department visits for injuries
	Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.		•Healthy behavior index
			•Binge drinking
			•Obesity
			•Mental health
			•Dental caries and untreated dental decay
			•Use of the oral health system
			•Immunizations

### Making Quality Care More Affordable

A new area for NQF endorsement is related to cost and resource use. Currently, a small number of measures are under NQF review, examining some specific clinical conditions as well as the total cost of care for patients who interact with the healthcare system in a given year. While private payers have captured and reported the associated costs and resources used for patients within their systems, these measures had not yet been publicly vetted; the current NQF work can pave the way for increased transparency as well as the possibility of tracking costs in a consistent manner by multiple payers and other interested parties. Many challenges remain within this area, specifically enabling measurement and reporting of costs/resources at the individual provider level, and in the future, pairing these measures with those of quality to begin to capture efficiency.

The NPP’s guidance on proposed goals and measure concepts related to this priority area appears in the table below. There are important measure gaps related to access, per capita expenditures and affordability. In addition, development of measures around potential overuse of specific procedures may be limited by the available evidence in clinical guidelines. However, the overuse measures that have failed endorsement to date primarily relate to the lack of availability of the detailed clinical information in claims data. Similarly, the ability to construct a measure of preventable emergency department use has been limited by the availability of data to assess the concept of preventability.

National Priority: Make quality care affordable for people, families, employers, and governments	
GOALS	Ensure affordable and accessible high-quality healthcare for people, families, employers, and governments.
	Reduce total national healthcare costs per capita by 5 percent and limit the increase in healthcare costs to no more than 1 percent above the consumer price index without compromising quality or access.
	Support and enable communities to ensure accessible, high-quality care while reducing unnecessary costs.
Measure Concepts	<ul style="list-style-type: none"> <li>• Consumer affordability index</li> <li>• Consistent insurance coverage</li> <li>• Inability to obtain needed care</li> <li>• National/state/local per capita healthcare expenditures</li> <li>• Average annual percentage growth in healthcare expenditures</li> <li>• Menu of measures of unwarranted variation of overuse, including:                             <ul style="list-style-type: none"> <li>- Unwarranted diagnostic/medical/surgical procedures</li> <li>- Inappropriate/unwanted nonpalliative services at end of life</li> <li>- Cesarean section among low-risk women</li> <li>- Preventable emergency department visits and hospitalizations</li> </ul> </li> </ul>

### IDENTIFICATION OF GAP AREAS BASED ON FEDERAL PROGRAMS’ MEASURE USAGE

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for the primary purpose of providing input to the Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment programs, and other purposes. In its first year, the MAP focused on the availability of measures for federal programs and provided input on important measurement gaps. The MAP [Pre-Rulemaking Report](#) provides input on over 350 measures



under consideration by HHS for nearly twenty clinician, hospital, and post-acute care/long-term care performance measurement programs, using the six NQS priorities to guide its recommendations. The findings of the MAP related to gaps in the federal programs reinforce the gap analysis presented in this report. For example, MAP found that most federal reporting programs lacked measures in the areas of person and family-centered care, and cost and appropriateness. Looking specifically at clinical areas, MAP also noted a lack of measures in the area of mental health. All these findings echo the lack of NQF-endorsed measures in these areas as described.

In part due to MAP's required focus on the federal programs, which to date have often been defined by setting of care, the MAP work identified gaps by setting or provider type for the clinician, hospital and Post-Acute Care/Long Term Care (PAC/LTC) federal reporting programs. The high-level measure development and implementation gaps in federal programs are included in the table below:

<b>Clinician Programs</b>
<ul style="list-style-type: none"> <li>• Patient-reported outcomes, health-related quality of life</li> <li>• Shared decision-making, patient activation, care planning</li> <li>• Care coordination</li> <li>• Multiple chronic conditions</li> <li>• Palliative and end-of-life care</li> <li>• Cost including total cost, cost transparency, efficiency, and resource use</li> <li>• Appropriateness</li> </ul>
<b>Hospital Programs</b>
<ul style="list-style-type: none"> <li>• Cost—total cost of care, episode, transparency, efficiency</li> <li>• Appropriateness—admissions, treatment</li> <li>• Care coordination—transitions of care, readmissions, hand-off communication, follow-up</li> <li>• Patient-reported outcomes—patient and family experience of care and engagement, patient and family preferences, shared decision-making</li> <li>• Disparities in care</li> <li>• Special populations—behavioral health, child health, maternal health</li> <li>• Quality of life/well-being</li> <li>• Pain</li> <li>• Malnutrition</li> <li>• Palliative Care— comfort, integration of patient values in care planning</li> </ul>
<b>PAC/LTC Programs</b>
<ul style="list-style-type: none"> <li>• Functional status is a high-priority gap across all programs because assessing function and change in function over time is a baseline for tailoring care for individuals and population subsets.</li> <li>• A second prominent gap is measures that incorporate the patient, family, and caregiver experience and their involvement in shared decision-making.</li> <li>• Measures that assess if care goals are established using a shared decision making process and if those goals are attained.</li> <li>• Measures understanding how providers use assessment information to tailor goals.</li> <li>• Establishing and attaining care goals</li> <li>• Care coordination, including transitions</li> <li>• Cost</li> <li>• Mental health</li> <li>• Nutritional status</li> </ul>

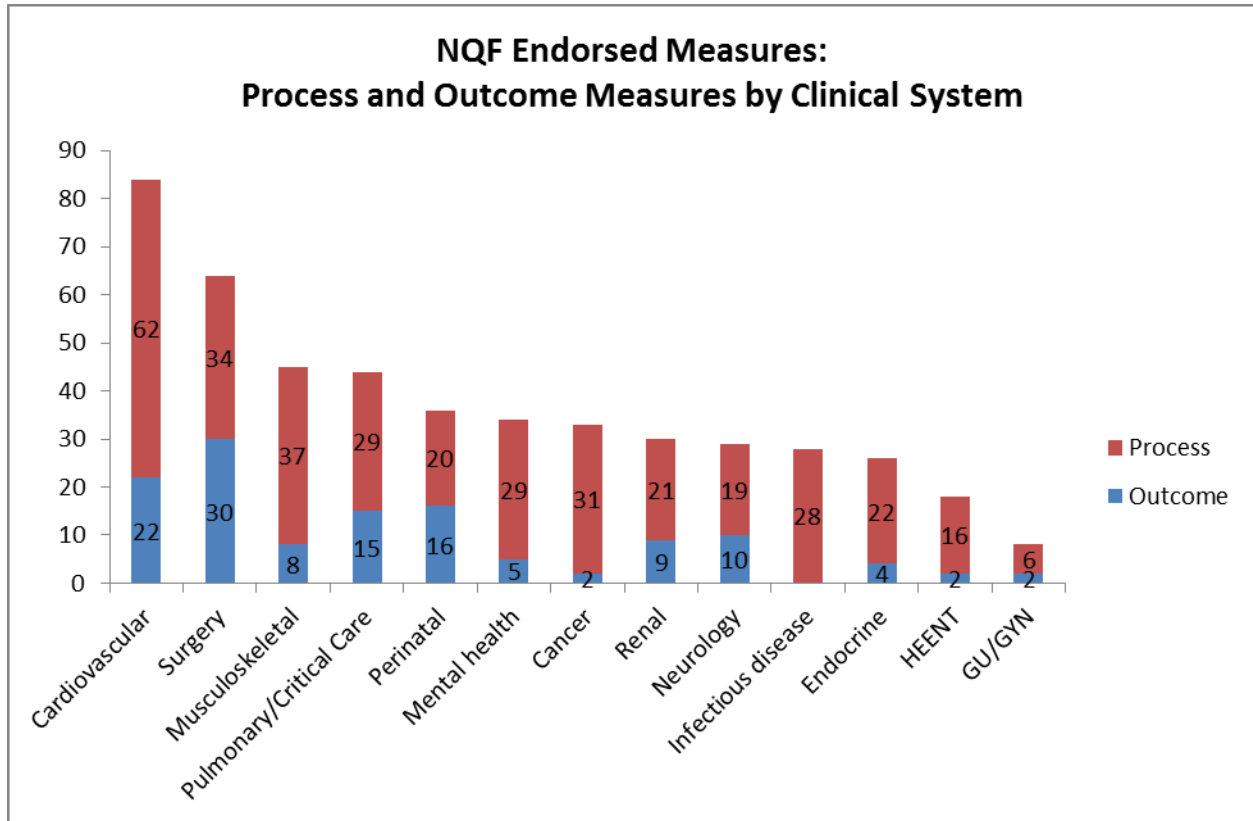
## GAPS ACROSS NATIONAL PRIORITY AREAS BY CONDITION-SPECIFIC AREAS

To better highlight gaps areas, NQF further grouped its endorsed measures by the following high impact conditions, and reported gaps by each condition, mapped to the NQS priority areas. The condition-specific areas map to the [Prioritization of High-Impact Medicare Conditions and Measure Gaps](#) report prepared for HHS in 2011, with additional high impact areas added to address younger populations (e.g., child health, maternal health, and serious mental illness). For example, NQF broadened the high-impact condition COPD to include other pulmonary conditions (such as asthma.) Finally, related conditions, such as acute myocardial infarction and congestive heart failure, have been grouped together under the broader term of cardiovascular.

- Alzheimer's Disease
- Cancer
- Cardiovascular
- Cataract
- Child Health
- Depression
- Diabetes
- Glaucoma
- Hip/Pelvic Fracture
- Maternal Health
- Osteoporosis
- Pulmonary
- Renal Disease
- Rheumatoid Arthritis / Osteoarthritis
- Serious Mental Illness
- Stroke

In addition to categorizing the measures by NQS priority area, the measure type (i.e., structure, process, outcome, and composite) have been included in these tables. Figure 3 offers a high level analysis of measures by clinical system. As evident in the table, there are many clinical areas that need further outcome measure development.

**Figure 3. Condition-Specific Area represented within the NQF portfolio**



As a result, high-level information is presented below regarding gaps in endorsed quality measures within the priority areas identified in the NQS. While there are many reasons for the persistent gaps in performance measurement described below, many developers who submit measures to NQF report that the lack of adequate financial support for measure development is a major driver. In addition, measure gaps persist due to insufficient evidence (e.g., management and treatment of Alzheimer’s disease) and methodological challenges related to emerging measurement areas (e.g., aggregation of patient-reported outcomes into measures appropriate for accountability and quality improvement).

**GAPS ACROSS NATIONAL PRIORITY AREAS BY CONDITION-SPECIFIC AREAS**

For each condition, the shaded spaces in the tables below represent areas where there are NQF-endorsed measures addressing NQS priority areas, by measure type. The blank spaces represent areas where there are gaps in NQF-endorsed measures.

**ALZHEIMER’S DISEASE**

While Alzheimer’s is recognized as a critical area for measurement, there is a gap in endorsed measures for this condition. There has been limited measure development in this area, which was evidenced through a request for measures by NQF that resulted in no submissions in 2010. Through recent discussions with several developers, NQF has learned that some development

has begun. Future NQF measure endorsement projects will include an opportunity for submission of newly developed measures related to Alzheimer’s disease.

		National Priorities						
		ALZHEIMER’S	HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure							
	Process							
	Outcome							
	Composite							

**CANCER**

The set of endorsed cancer measures is primarily oriented to cancer screening and effectiveness of treatment for specific cancers. For the priority area of prevention, there are process measures addressing breast, cervical, and colorectal cancer screening. For this topic, there are gaps across all measure types in the healthy living priority area. In the person and family centered care priority area, there are several process measures and there are measures that specifically address the quality of care received at the end of life through caregiver surveys. For safer care, there are several process measures and a small number of outcome measures. There is a gap in outcomes related to cancer survival. There are a small number of overuse measures related to affordable care. Gaps related to the quality of life and other critical outcomes of care related to patients diagnosed with cancer remain. No measures were brought forward to address these gap areas in the recent call for measures for the current NQF Cancer Endorsement Project.

		National Priorities						
		CANCER	HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure							
	Process							
	Outcome							
	Composite							

**CARDIOVASCULAR CARE**

NQF has a very large set of endorsed cardiovascular measures addressing conditions such as acute myocardial infarction, coronary artery disease, and congestive heart failure. There are also endorsed process, outcome, and composite measures related to healthy living and prevention, including measures that align with the CDC goals in its national initiative “Million Hearts” to prevent one million heart attacks and strokes. While each of the clinical conditions within the larger topic area of cardiovascular care has a robust set of measures of process and outcome measures, gaps remain in the area of person- and family-centered care. As a result of the NQF Patient Outcomes project completed in 2011, several composite measures that examine care transitions for cardiovascular care are now included in the NQF portfolio. In addition, measures that assess coordination of care, such as the recently endorsed measure that assesses referral to cardiac rehabilitation after a heart attack, are in development. Measures that begin to address affordable care are slowly increasing in numbers. For example, NQF recently endorsed measures of appropriate use of cardiac stress testing as well as measures that capture resources or costs associated with specific cardiovascular conditions, but many gap areas remain.

		National Priorities						
		CARDIO-VASCULAR	HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure							
	Process							
	Outcome							
	Composite							

**CATARACT**

While only a handful of measures have been endorsed in the area of cataracts, these measures address the outcomes of cataract surgery. Complications following surgery and improvement in patients’ visual function have been targeted. Currently, the measures focus on those patients who have had surgery. Future measures should address the appropriate selection of treatment of patients with cataracts, ensuring that only those patients whose visual function and quality of life is compromised receive surgery. There is also a need for measures that address cataract outcomes for patients with multiple co-morbid comorbidities, including diabetes. These may be examples where the evidence base may limit applicability of these measures to more complex patients.

		National Priorities					
CATARACT		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

## CHILD HEALTH

The number of endorsed measures focused on child health has grown in the last year – in part due to a targeted NQF Child Health project that was completed in 2011. The portfolio has also expanded to accommodate core measures for the CHIPRA program. Similar to Maternal Health discussed below, Child Health has many measures focused on screening, immunizations, well-child visits, and treatment for specific clinical conditions. While there are endorsed outcome measures for children, such as those that examine infection, mortality, and readmission in the intensive care units, they are primarily hospital focused rather than ambulatory. In terms of affordable care, there is a measure focused on length of stay in pediatric intensive care units and a measure of emergency department visits for children with asthma, both of which address use of resources.

An opportunity exists to increase the number of measures that apply to children by adapting adult-focused measures to apply to younger ages. This gap is very dependent on measure developers' willingness to apply measures to younger populations, but age-based population limits and this limitation should only occur when the evidence does not support the expansion to those under 18 years of age. In January 2011, NQF released a report from the [Measure Prioritization Advisory Committee](#) focused on measure development and endorsement agenda that identified child health gaps in the areas of care coordination (transitions, referrals, medical homes); acute and chronic management (health promotion, community resources, timely and appropriate follow-up of screening tests); and population health outcomes.

		National Priorities					
CHILD HEALTH		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

**DEPRESSION AND SERIOUS MENTAL ILLNESS**

There is a growing set of endorsed outcome and process measures that address depression. There are some endorsed measures that address Healthy Living and Prevention (e.g., maternal depression screening, suicide risk assessment). In NQF’s Patient Outcomes project, measures looking at whether remission of symptoms was achieved at 6 and 12 months were recently endorsed – a step toward assessing patient outcomes related to depression. Many gaps remain specific to person- and family-centered care. There are also a small number of endorsed process measures related to safer care in the areas of medication management and evaluation and assessment for major depressive disorder. There are a limited number of measures that assess coordination of care, such as persistent use of needed antidepressants, as well as follow-up care after hospitalization.

There are many measurement gaps for patients with serious mental illness. Currently, only measures specific to schizophrenia and bipolar disease are endorsed, leaving many other mental health conditions unaddressed. There are endorsed process measures that address prevention and safer care (e.g., screening for potential comorbidities for patients with bipolar disorder, use of multiple antipsychotic medications). However, gaps remain specific to other priorities. There is an endorsed patient experience of care measure for inpatient psychiatric care and a set of measures that assess transition from inpatient to outpatient care. Measure gaps relate to affordability, such as potential measures that assess overuse of multiple antipsychotic medications. There are also important population health gaps for serious mental illness, including measures that would address issue of social support and homelessness. NQF anticipates that additional measures related to serious mental illness will be submitted in the upcoming Behavioral Health project.

		National Priorities					
<b>DEPRESSION AND SERIOUS MENTAL ILLNESS</b>		<b>HEALTHY LIVING: Better Health in Communities</b>	<b>PREVENTION</b>	<b>PERSON/FAMILY CENTERED CARE</b>	<b>SAFER CARE</b>	<b>CARE COORDINATION COMMUNICATION</b>	<b>AFFORDABLE CARE</b>
<b>Measure Type</b>	Structure						
	Process						
	Outcome						
	Composite						

**DIABETES**

While NQF has endorsed multiple diabetes measures, they are primarily oriented to prevention and healthy living, including two composite measures that address both processes and intermediate outcomes for patients with diabetes. In healthy living, there are also population-level measures that assess potentially preventable admissions for diabetic complications. While there are measures that address the treatment of patients with the disease, measures have not yet been developed or endorsed that adequately address the pediatric population or primary screening and prevention of diabetes for high-risk individuals. Many of these gaps are due to the lack of consistent, strong evidence on appropriate screening and treatment. In the current NQF Resource Use project, a recently endorsed measure captures the relative resource use for patients with diabetes. This measure should allow implementers including payers to identify the costs and resources associated with this chronic illness.

		National Priorities					
<b>DIABETES</b>		<b>HEALTHY LIVING: Better Health in Communities</b>	<b>PREVENTION</b>	<b>PERSON/FAMILY CENTERED CARE</b>	<b>SAFER CARE</b>	<b>CARE COORDINATION COMMUNICATION</b>	<b>AFFORDABLE CARE</b>
<b>Measure Type</b>	Structure						
	Process						
	Outcome						
	Composite						



**GLAUCOMA**

Two measures have been endorsed in the area of glaucoma that address appropriate evaluations and the reduction of intraocular pressures. Many gaps remain, including addressing patients’ quality of life, experience with care, care coordination, and education related to treatments.

		National Priorities					
<b>GLAUCOMA</b>		<b>HEALTHY LIVING: Better Health in Communities</b>	<b>PREVENTION</b>	<b>PERSON/ FAMILY CENTERED CARE</b>	<b>SAFER CARE</b>	<b>CARE COORDINATION COMMUNICATION</b>	<b>AFFORDABLE CARE</b>
<b>Measure Type</b>	Structure						
	Process						
	Outcome						
	Composite						

**HIP/PELVIC FRACTURE**

There is a limited set of endorsed measures that address hip and pelvic fracture. Two outcome measures were recently endorsed that target the rate of complications and readmissions after hip surgery. There is also an endorsed measure that examines the mortality rate related to these fractures. Beyond these three outcomes measures, the NQF portfolio includes measures that address osteoporosis screening and treatment with several specifically targeting those patients who have had a hip or pelvic fracture. Those measures are captured within the discussion and analysis of osteoporosis and are not reflected in the table below. Many gaps remain related to the coordination of care and person/family centered care. For affordable care, resource use measures related to hip fracture are under consideration in the current NQF Resource Use Project.

		National Priorities					
HIP/PELVIC FRACTURE		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

**MATERNAL HEALTH**

NQF has a growing set of endorsed measures that relate to maternal health. There are several important process measures, such as ensuring adequate screening, prenatal and postpartum visits, and appropriate treatment during delivery. Several measures related to appropriate processes or intermediate outcomes during labor and delivery (e.g., use of prophylactic antibiotics and health-care acquired infections in the newborn) are linked to the priority area of Safer Care. There are measures that relate to affordable care, such as the rate of Cesarean sections for first-time mothers and elective deliveries prior to 39 weeks. One significant area for which measures may be in development but have not yet been submitted to NQF is related to reproductive health.

		National Priorities					
MATERNAL CARE		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

**OSTEOPOROSIS**

Few measures have been endorsed in the area of osteoporosis. To date, those measures have focused on appropriate screening and treatment, such as endorsed measures that target appropriate screening or treatment following a fracture, or general screening of women at risk.

Significant gaps remain in areas that assess patients’ quality of life and functional status and care coordination, in addition to the dearth of outcomes measures and the lack of applicability of the current measures to men.

		National Priorities					
<b>OSTEOPOROSIS</b>		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

**PULMONARY**

For the purpose of this report, pulmonary conditions include asthma, chronic obstructive pulmonary disease (COPD), and pneumonia. There are many process measures that examine care for adults and children with asthma, measures of appropriate use of medications to prevent and treat exacerbations of COPD, and outcome measures related to mortality and readmission for pneumonia. Several outcome measures for pulmonary conditions were recently endorsed through the NQF Patient Outcomes project, including care transitions for patients with pneumonia and quality of life for patients with COPD in pulmonary rehabilitation programs. While some measures looking at safer care and person/family centered care have now been endorsed, measures related to other pulmonary conditions or applicable to broader settings are needed.

		National Priorities					
<b>PULMONARY</b>		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

**RENAL DISEASE**

There is a broad set of measures related to End Stage Renal Disease (ESRD) and a small but emerging set of measures related to chronic renal disease. NQF has endorsed several process and outcome measures on this topic, in the priority area of Healthy Living and Prevention. As part of a recent End Stage Renal Disease (ESRD) endorsement project, a CAHPS measure was endorsed that assesses patient experience with in-center hemodialysis. There are also multiple outcome measures related to adequacy of dialysis and infection rates. Evidence continues to evolve regarding the appropriate target hemoglobin for patients with ESRD. Due to the black box warning issued by the FDA and continued changes to what hemoglobin levels are considered safe targets, NQF and its committees have been reluctant to endorse measures for which the evidence is not yet consistent to support a performance measure. Additional gaps remain related to care coordination and affordable care.

		National Priorities					
		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	RENAL DISEASE						
	Structure						
	Process						
	Outcome						
Composite							

**RHEUMATOID ARTHRITIS/ OSTEOARTHRITIS**

Few measures have been endorsed in the areas of rheumatoid arthritis and osteoarthritis. To date, those measures have focused on appropriate screening and treatment. For example, NQF has endorsed measures related to medication safety for patients with rheumatoid arthritis as well as measures that focus on ensuring appropriate follow-up and testing to prevent toxicity. Significant gaps remain in areas that assess patients' quality of life and functional status and care coordination. There is also an absence of outcomes measures such as functional status.

		National Priorities					
<b>RHEUMATOID ARTHRITIS/ OSTEoarthritis</b>		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

**STROKE**

Within stroke, there are endorsed process and outcome measures related to prevention, safer care and care coordination. Within safer care, there are outcome measures related to potentially avoidable complications and mortality after stroke. NQF has also endorsed primary prevention related measures, such as anticoagulation for patients with atrial fibrillation and secondary prevention related measures, such as use of statins. There are multiple measures that assess the appropriate care and screening for patients after stroke, including issues related to anticoagulation and ongoing need for speech therapy. There is a single endorsed measure related to stroke education, but no endorsed measures that assess person and family centered care. There are also gaps in measures in the healthy living and affordable care priority areas. While NQF has not previously endorsed measures related to affordable care, there are stroke-related resource use measures currently in the NQF endorsement process.

		National Priorities					
<b>STROKE</b>		HEALTHY LIVING: Better Health in Communities	PREVENTION	PERSON/ FAMILY CENTERED CARE	SAFER CARE	CARE COORDINATION COMMUNICATION	AFFORDABLE CARE
Measure Type	Structure						
	Process						
	Outcome						
	Composite						

## **CONCLUSION**

While the NQF portfolio of endorsed measures can address many important priority area and high priority clinical conditions, there are many gaps that remain. While many measure gaps could be filled with measure development, there would be a small sub-set where development would be limited by available evidence. Another important impediment to measure development in many high priority areas relates to the lack high quality data for measurement. The move toward an electronic data platform should help increase capacity to measure some of these important concepts. Collectively, the NPP, MAP and endorsement-related work provide a roadmap to where measures are needed to fill many important gaps. This report can be used to target measure development resources to areas where there are critical development gaps.

## APPENDIX OF MEASURES INCLUDED WITHIN THE CONDITION-SPECIFIC AREAS

### Alzheimer's Disease

\*There are no measures in the portfolio for this condition.

### Cancer

CANCER		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0031	Breast Cancer Screening		X				X				
0032	Cervical Cancer Screening		X				X				
0034	Colorectal Cancer Screening		X				X				
0210	Proportion receiving chemotherapy in the last 14 days of life		X						X		X
0211	Proportion with more than one emergency room visit in the last days of life		X						X		X
0212	Proportion with more than one hospitalization in the last 30 days of life		X						X		X
0213	Proportion admitted to the ICU in the last 30 days of life		X						X		X
0214	Proportion dying from Cancer in an acute care setting		X						X		X
0215	Proportion not admitted to hospice		X						X		X
0216	Proportion admitted to hospice for less than 3 days		X						X		X
0219	Post breast conserving surgery irradiation		X						X		
0220	Adjuvant hormonal therapy		X						X		
0221	Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection		X						X		
0222	Patients with early stage breast cancer who have evaluation of the axilla		X						X		
0223	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		X						X		
0224	Completeness of pathology reporting		X							X	
0225	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer		X						X		
0360	Esophageal Resection Mortality Rate (IQI 8)			X					X		
0361	Esophageal Resection Volume (IQI 1)			X					X		
0365	Pancreatic Resection Mortality Rate (IQI 9)			X					X		
0366	Pancreatic Resection Volume (IQI 2)			X					X		
0377	Myelodysplastic Syndrome (MDS) and Acute Leukemias – Baseline Cytogenetic Testing Performed on Bone Marrow		X						X		

CANCER		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0378	Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy		X							X	
0379	Chronic Lymphocytic Leukemia (CLL) – Baseline Flow Cytometry		X						X		
0380	Multiple Myeloma – Treatment with Bisphosphonates		X						X		
0381	Oncology: Treatment Summary Communication – Radiation Oncology		X							X	
0382	Oncology: Radiation Dose Limits to Normal Tissues		X						X		
0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)		X							X	
0384	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)		X							X	
0385	Oncology: Chemotherapy for Stage IIIA through IIIC Colon Cancer Patients		X							X	
0386	Oncology: Cancer Stage Documented		X							X	
0387	Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer		X						X		
0388	Prostate Cancer: Three-Dimensional Radiotherapy		X						X		
0389	Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients		X						X		
0390	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients		X						X		
0391	Breast Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade		X							X	
0392	Colorectal Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade		X							X	
0455	Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection		X							X	
0457	Recording of Performance Status (Zubrod, Karnofsky, WHO or ECOG Performance Status) Prior to Lung or Esophageal Cancer Resection		X							X	
0458	Pulmonary Function Tests before major anatomic lung resection (pneumonectomy, lobectomy)		X						X		
0459	Risk-Adjusted Morbidity after Lobectomy for Lung cancer			X					X		
0533	Postoperative Respiratory Failure Rate (PSI 11)			X					X		
0559	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		X							X	
0561	Melanoma Coordination of Care		X							X	
0562	Overutilization of Imaging Studies in Melanoma		X						X		



CANCER		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0572	Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy		X							X	
0623	History of Breast Cancer - Cancer Surveillance		X							X	
0625	History of Prostate Cancer - Cancer Surveillance		X							X	
0650	Melanoma Continuity of Care – Recall System		X							X	
0706	Risk Adjusted Colon Surgery Outcome Measure			X					X		
0738	Survival Predictor for Pancreatic Resection Surgery©			X					X		

### Cardiovascular

CARDIOVASCULAR		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
<b>Congestive Heart Failure</b>											
0079	LV ejection fraction assessment (outpatient)		X				X				
0081	ACEI/ARB therapy for LVSD (outpatient)		X				X				
0083	Beta blocker for LVSD (outpatient)		X				X				
0135	Evaluation of LVSD		X				X				
0162	ACEI/ARB for LVSD (inpatient)		X				X				
0229	30-day RSMR for heart failure			X					X		
0277	CHF admission (PQI 8)		X						X		
0330	30-day RSRR for heart failure			X					X		
0358	CHF inpatient mortality (IQI 16)			X					X		
0699	30-day post hospital HF discharge care transition composite				X					X	
<b>Ischemic Heart Disease</b>											
0076	Optimal vascular care				X	X					
0133	PCI mortality (risk-adjusted)			X					X		
0355	Bilateral cardiac catheterization rate		X						X		
0535	30-day RSMR for PCI without STEMI			X					X		
0536	30-day RSMR for PCI with STEMI			X					X		
0588	Drug-eluting stent on clopidogrel		X						X		

CARDIOVASCULAR		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0669	Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery		X								X
0670	Cardiac stress imaging not meeting appropriate use criteria: preoperative evaluation in low-risk surgery patients		X								X
0671	Cardiac stress imaging not meeting appropriate use criteria: routine testing after PCI		X								X
0672	Cardiac stress imaging not meeting appropriate use criteria: testing in asymptomatic, low-risk patients		X								X
0696	STS composite score [for CABG]				X				X		
0964	Therapy with aspirin, P2Y12 inhibitor and statin [after PCI]				X				X		
<b>Acute Myocardial Infarction</b>											
0132	Aspirin at arrival for AMI		X						X		
0137	ACEI/ARB for LVSD		X								
0142	Aspirin prescribed at discharge for AMI		X				X				
0160	Beta blocker prescribed at discharge for AMI		X				X				
0163	Primary PCI within 90 minutes		X						X		
0164	Fibrinolytic therapy within 30 minutes		X						X		
0230	30-day RSMR for AMI			X							
0286	Aspirin at arrival [for patients being transferred]		X						X		
0288	Fibrinolytic therapy within 30 minutes [transfer patients]		X						X		
0290	Median time to transfer for acute intervention		X						X		
0505	30-day RSRR for AMI			X							
0639	Statin prescribed at discharge		X				X				
0660	Troponin results for ED AMI patients within 60 minutes		X						X		
0698	30-day post-hospital AMI discharge care transition composite				X					X	
0704	Proportion of AMI patients with potentially avoidable complications			X					X		
0710	AMI mortality rate [inpatient]			X					X		
<b>Atrial Fibrillation</b>											
0600	New atrial fibrillation: thyroid function test		X						X		
1524	Assessment of thromboembolic risk		X						X		
1525	Chronic anticoagulation therapy		X						X		

**Cataract**

CATARACT		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0564	Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures			X					X		
0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery			X					X		
1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery			X					X		

**Child Health**

CHILD HEALTH		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0002	Appropriate testing for children with pharyngitis		X						X		
0005	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)			X				X			
0009	CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement			X				X			
0010	Young Adult Health Care Survey (YAHCS)			X				X			
0011	Promoting Healthy Development Survey (PHDS)			X				X			
0026**	Measure pair - a. Tobacco use prevention for infants, children and adolescents, b. Tobacco use cessation for infants, children and adolescents		X			X	X				
0038	Childhood Immunization Status		X				X				
0060	Hemoglobin A1c test for pediatric patients		X					X			
0069	Appropriate treatment for children with upper respiratory infection (URI)		X					X			

CHILD HEALTH		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0106	Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents		X			X					
0107	Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents		X			X					
0108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication.		X			X					
0143	Use of relievers for inpatient asthma		X					X			
0144	Use of systemic corticosteroids for inpatient asthma		X					X			
0145	Neonate immunization administration		X								
0273	Perforated appendicitis (PQI 2)			X					X		
0278	Low birth weight (PQI 9)			X							
0303	Late sepsis or meningitis in neonates (risk-adjusted)			X					X		
0304	Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)			X					X		
0334	PICU Severity-adjusted Length of Stay			X					X		
0335	PICU Unplanned Readmission Rate			X					X		
0337	Decubitus Ulcer (PDI 2)			X					X		
0339	Pediatric Heart Surgery Mortality (PDI 6) (risk adjusted)			X					X		
0340	Pediatric Heart Surgery Volume (PDI 7)	X							X		
0341	PICU Pain Assessment on Admission		X					X			
0342	PICU Periodic Pain Assessment		X					X			
0343	PICU Standardized Mortality Ratio			X					X		
0348	Iatrogenic Pneumothorax in Non-Neonates (PDI 5) (risk adjusted)			X					X		
0350	Transfusion Reaction (PDI 13)			X					X		
0406	Adolescent and adult clients with AIDS who are prescribed potent ART		X							X	
0410	STD - Syphilis Screening		X				X				
0474	Birth Trauma Rate: Injury to Neonates (PSI #17)			X					X		
0475	Measurement of Hepatitis B Vaccine Administration to All Newborns Prior to Hospital or Birthing Facility Discharge		X				X				
0477	Under 1500g infant Not Delivered at Appropriate Level of Care			X					X		
0478	Nosocomial Blood Stream Infections in Neonates (NQI #3)			X					X		
0479	Birth dose of hepatitis B vaccine and hepatitis immune globulin for newborns of mothers with chronic hepatitis B		X								
0480	Exclusive Breastfeeding at Hospital Discharge		X			X					
0481	First temperature measured within one hour of admission to the NICU.		X						X		
0482	First NICU Temperature < 36 degrees C			X					X		

CHILD HEALTH		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0483	Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity.		X				X				
0484	Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth.		X						X		
0485	Neonate immunization		X				X				
0494	Medical Home System Survey	X						X			
0504	Pediatric Weight Documented in Kilograms		X						X		
0532	Pediatric Patient Safety for Selected Indicators not submitted								X		
0587	Tympanostomy Tube Hearing Test		X				X				
0617	High Risk for Pneumococcal Disease - Pneumococcal Vaccination		X				X				
0713	Ventriculoperitoneal (VP) shunt malfunction rate in children			X					X		
0714	Standardized mortality ratio for neonates undergoing non-cardiac surgery			X					X		
0715	Standardized adverse event ratio for children and adults undergoing cardiac catheterization for congenital heart disease			X					X		
0716	Healthy Term Newborn			X					X		
0717	Number of School Days Children Miss Due to Illness			X				X			
0718	Children Who Have No Problems Obtaining Referrals When Needed			X				X			
0719	Children Who Receive Effective Care Coordination of Healthcare Services When Needed			X						X	
0720	Children Who Live in Communities Perceived as Safe			X		X					
0721	Children Who Attend Schools Perceived as Safe			X		X					
0722	Pediatric Symptom Checklist (PSC)			X				X			
0723	Children Who Have Inadequate Insurance Coverage For Optimal Health			X							X
0724	Measure of Medical Home for Children and Adolescents	X				X					
0725	Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay			X				X			
0726	Inpatient Consumer Survey (ICS)			X				X			
0727	Gastroenteritis Admission Rate (pediatric)			X						X	
0728	Asthma Admission Rate (pediatric)			X						X	
0752	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure			X						X	
1330	Children With a Usual Source for Care When Sick		X			X					
1332	Children Who Receive Preventive Medical Visits			X			X				
1333	Children Who Receive Family-Centered Care		X					X			
1334	Children Who Received Preventive Dental Care			X			X				

CHILD HEALTH		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
1335	Children Who Have Dental Decay or Cavities			X					X		
1337	Children With Inconsistent Health Insurance Coverage in the Past 12 Months		X								X
1340	Children with Special Health Care Needs (CSHCN) who Receive Services Needed for Transition to Adult Health Care			X						X	
1346	Children Who Are Exposed To Secondhand Smoke Inside Home			X		X					
1348	Children Age 6-17 Years who Engage in Weekly Physical Activity			X		X					
1349	Child Overweight or Obesity Status Based on Parental Report of Body-Mass-Index (BMI)			X		X					
1351	Proportion of infants covered by Newborn Bloodspot Screening (NBS)		X				X				
1354	Hearing screening prior to hospital discharge (EHDI-1a)		X				X				
1357	Outpatient hearing screening of infants who did not complete screening before hospital discharge (EHDI-1c)		X				X				
1360	Audiological Evaluation no later than 3 months of age (EHDI-3)		X				X				
1361	Intervention no later than 6 months of age (EHDI-4a)		X				X				
1364	Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation		X				X				
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment		X				X				
1382	Percentage of low birthweight births			X					X		
1385	Developmental screening using a parent completed screening tool (Parent report, Children 0-5)		X				X				
1388	Annual Dental Visit			X			X				
1392	Well-Child Visits in the First 15 Months of Life		X				X				
1394	Depression Screening By 13 years of age		X				X				
1395	Chlamydia Screening and Follow Up		X				X			X	
1396	Healthy Physical Activity by 6 years of age		X			X				X	
1397	Sudden Infant Death Syndrome Counseling		X					X			
1399	Developmental Screening by 2 Years of Age		X				X				
1402	Newborn Hearing Screening		X				X				
1406	Risky Behavior Assessment or Counseling by Age 13 Years		X			X					
1407	Immunizations by 13 years of age		X				X				
1412	Pre-School Vision Screening in the Medical Home		X				X				
1419	Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers		X				X				
1448	Developmental Screening in the First Three Years of Life		X				X				
1506	Immunizations by 18 years of age		X				X				
1507	Risky Behavior Assessment or Counseling by Age 18 Years		X				X				

CHILD HEALTH		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
1512	Healthy Physical Activity by 13 years of age		X			X					
1514	Healthy Physical Activity by 18 years of age		X			X					
1515	Depression Screening By 18 years of age		X				X				
1516	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.		X				X				
1552	Blood Pressure Screening by age 13		X				X				
1553	Blood Pressure Screening by Age 18		X				X				

### Depression and Serious Mental Illness

DEPRESSION, SERIOUS MENTAL ILLNESS		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0008	Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)			X				X			
0103	Major Depressive Disorder: Diagnostic Evaluation		X			X	X				
0104	Major Depressive Disorder: Suicide Risk Assessment		X			X	X				
0105	Antidepressant Medication Management		X			X			X		
0109	Bipolar Disorder and Major Depression: Assessment for Manic or hypomanic behaviors		X			X	X				
0110	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use		X			X	X				
0111	Bipolar Disorder: Appraisal for risk of suicide		X			X	X				
0112	Bipolar Disorder: Level-of-function evaluation		X			X	X				
0418	Screening for Clinical Depression		X			X	X				
0518	Depression Assessment Conducted		X			X	X				
0544	Use and Adherence to Antipsychotics among members with Schizophrenia		X			X		X			
0552	HBIPS-4: Patients discharged on multiple antipsychotic medications		X						X		

DEPRESSION, SERIOUS MENTAL ILLNESS		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0557	HBIPS-6 Post discharge continuing care plan created		X					X			
0558	HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge		X							X	
0576	Follow-Up After Hospitalization for Mental Illness		X							X	
0580	Bipolar anti-manic agent		X			X			X		
0690	Percent of Residents Who Have Depressive Symptoms (Long-Stay)			X		X					
0710	Depression Remission at Twelve Months			X		X		X			
0711	Depression Remission at Six Months			X		X		X			
0712	Depression Utilization of the PHQ-9 Tool		X			X	X				
0722	Pediatric Symptom Checklist (PSC)		X				X				
0726	Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services			X		X		X			
1364	Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation		X			X	X				
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment		X			X	X				
1394	Depression Screening By 13 years of age		X			X	X				
1401	Maternal Depression Screening		X			X	X				
1515	Depression Screening By 18 years of age		X			X	X				

**Diabetes**

Diabetes		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0003	Bipolar Disorder: Assessment for diabetes		X								
0055	Eye exam		X								
0056	Foot exam		X								
0057	HbA1c test performed		X								
0059	HbA1c >9% (poor control)			X							
0060	HbA1c for pediatric patients		X								



Diabetes		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0061	Blood pressure control: BP < 140/90			X							
0062	Urine protein screening		X								
0063	Lipid profile		X								
0064	LDL control			X							
0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy—Diabetes or Left Ventricular Systolic Dysfunction (LVEF<40%)		X								
0088	Obstructive Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy		X								
0089	Diabetic Retinopathy: Communication with the physician managing ongoing diabetes care		X								
0272	Diabetes short-term complications admission rate (PQI 1)			X							
0274	Diabetes long-term complications admission rate (PQI 3)			X							
0285	Rate of lower-extremity amputation among patients with diabetes (PQI 16)			X							
0416	Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear		X								
0417	Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation		X								
0451	Call for a measure of glycemic control with intravenous insulin implementation		X								
0519	Diabetic Foot Care and Patient Education Implemented		X								
0545	Adherence to Chronic Medications for Individuals with Diabetes Mellitus		X								
0546	Diabetes Suboptimal Treatment Regimen (SUB)		X								
0547	Diabetes and Medication Possession Ratio for Statin Therapy		X								
0550	Chronic Kidney Disease, Diabetes Mellitus, Hypertension and Medication Possession Ratio for ACEI/ARB Therapy		X								
0575	Comprehensive Diabetes Care: HbA1c control (<8.0%)			X							
0582	Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents		X								
0603	Adult(s) taking insulin with evidence of self-monitoring blood glucose testing.		X								
0604	Adult(s) with diabetes mellitus that had a serum creatinine in last 12 reported months		X								
0618	Diabetes with LDL greater than 100-Use of a Lipid Lowering Agent		X								
0619	Diabetes with hypertension or proteinuria-Use of an ACE Inhibitor or ARB		X								
0630	Diabetes and elevated HbA1C-Use of diabetes medications		X								
0632	Primary prevention of cardiovascular events in diabetics-Use of Aspirin or Antiplatelet therapy		X								

Diabetes		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0638	Uncontrolled diabetes admission rate (PQI 14)			X							
0709	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year			X					X		
0729	Optimal diabetes care				X	X	X				
0731	Comprehensive diabetes care				X						

**Glaucoma**

GLAUCOMA		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0563	Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care			X			X				
0086	Primary Open Angle Glaucoma: Optic Nerve Evaluation		X				X				

### Hip/Pelvic Fracture

HIP/PELVIC FRACTURE		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0354	Hip Fracture Mortality Rate (IQI 19) (risk adjusted)			X					X		
0423	Functional status change for patients with hip impairments			X						X	
0697	Risk Adjusted Case Mix Adjusted Elderly Surgery Outcomes Measure			X					X		
1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)			X					X		
1551	Hospital-level 30-day all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)			X					X		

### Maternal Health

MATERNAL HEALTH		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0012	Prenatal Screening for Human Immunodeficiency Virus (HIV)		X				X				
0014	Prenatal Anti-D Immune Globulin		X						X		
0015	Prenatal Blood Groups (ABO), D (Rh) Type		X						X		
0016	Prenatal Blood Group Antibody Testing		X						X		
0333	Severity-Standardized ALOS – Deliveries			X					X		
0469	Elective delivery prior to 39 completed weeks gestation		X								X
0470	Incidence of Episiotomy		X					X			
0471	Cesarean Rate for low-risk first birth women (aka NTSV CS rate)			X							X
0472	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision or at the Time of Delivery – Cesarean section.		X						X		
0473	Appropriate DVT prophylaxis in women undergoing cesarean delivery		X						X		

MATERNAL HEALTH		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0476	Appropriate Use of Antenatal Steroids		X						X		
0502	Pregnancy test for female abdominal pain patients.		X						X		
0582	Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents		X						X		
0606	Pregnant women that had HIV testing.	X							X		
0607	Pregnant women that had syphilis screening.		X				X				
0608	Pregnant women that had HBsAg testing.		X						X		
0651	Ultrasound determination of pregnancy location for pregnant patients with abdominal pain		X						X		
0652	RH Immunoglobulin (rhogam) for RH negative pregnant women at risk of fetal blood exposure		X						X		
1391	Frequency of Ongoing Prenatal Care (FPC): The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits.			X						X	
1401	Maternal Depression Screening		X				X				
1517	Prenatal and Postpartum Care			X						X	

### Osteoporosis

OSTEOPOROSIS		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0037	Osteoporosis testing in older women		X				X				
0045	Osteoporosis: Communication with the Physician Managing Ongoing Care Post Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older		X							X	
0046	Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older		X				X				

OSTEOPOROSIS		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0048	Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older		X							X	
0049	Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older		X						X		
0053	Osteoporosis management in women who had a fracture		X							X	
0614	Steroid Use - Osteoporosis Screening		X				X				
0633	Osteopenia and Chronic Steroid Use - Treatment to Prevent Osteoporosis		X				X				
0634	Osteoporosis - Use of Pharmacological Treatment		X						X		

### Pulmonary

PULMONARY		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
<b>Asthma</b>											
0036	Use of appropriate medications for people with asthma		X				X				
0047	Asthma: Pharmacologic Therapy for Persistent Asthma		X				X				
0143	CAC-1: Relievers for Inpatient Asthma		X						X		
0144	CAC-2 Systemic corticosteroids for Inpatient Asthma		X						X		
0283	Adult asthma (PQI 15)			X					X		
0338	Home Management Plan of Care Document Given to Patient/Caregiver		X					X			
0548	Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)		X						X		
0620	Asthma - Use of Short-Acting Beta Agonist Inhaler for Rescue Therapy		X				X				
0728	Asthma Admission Rate (pediatric)			X					X		
1381	Asthma Emergency Department Visits			X							X
<b>Pneumonia</b>											
0043	Pneumonia vaccination status for older adults		X				X				

PULMONARY		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0044	Pneumonia Vaccination		X				X				
0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		X						X		
0095	Assessment Mental Status for Community-Acquired Bacterial Pneumonia		X						X		
0096	Empiric Antibiotic for Community-Acquired Bacterial Pneumonia		X						X		
0147	Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients		X						X		
0148	Blood cultures performed in the emergency department prior to initial antibiotic received in hospital		X						X		
0231	Pneumonia Mortality Rate (IQI #20)			X					X		
0232	Vital Signs for Community-Acquired Bacterial Pneumonia		X						X		
0233	Assessment of Oxygen Saturation for Community Acquired Bacterial Pneumonia		X						X		
0279	Bacterial pneumonia (PQI 11)			X					X		
0356	PN3a--Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival		X						X		
0468	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization			X					X		
0506	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization			X					X		
0617	High Risk for Pneumococcal Disease - Pneumococcal Vaccination		X				X				
0683	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)		X				X				
0707	30-Day Post-Hospital PNA (Pneumonia) Discharge Care Transition Composite				X					X	
0708	Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)			X					X		
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>											
0091	COPD: spirometry evaluation		X				X				
0102	COPD: inhaled bronchodilator therapy		X					X			
0179	Improvement in dyspnea			X					X		
0275	Chronic obstructive pulmonary disease (PQI 5)			X					X		
0549	Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are reported.		X						X		
0577	Use of Spirometry Testing in the Assessment and Diagnosis of COPD		X				X				
0667	Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism		X						X		

PULMONARY		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0700	Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation			X			X				
0701	Functional Capacity in COPD patients before and after Pulmonary Rehabilitation			X			X				
0709	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.			X					X		
0593	Pulmonary Embolism Anticoagulation >= 3 Months		X						X		

### Renal Disease

RENAL DISEASE		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0226	Influenza Immunization in the ESRD Population (Facility Level)		X				X				
0227	Influenza Immunization		X			X	X				
0247	Hemodialysis Adequacy Clinical Performance Measure I: Hemodialysis Adequacy- Monthly measurement of delivered dose		X							X	
0248	Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose		X						X		
0249	Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy--HD Adequacy-- Minimum Delivered Hemodialysis Dose			X					X		
0250	ESRD- HD Adequacy CPM III: Minimum Delivered Hemodialysis Dose for ESRD hemodialysis patients undergoing dialytic treatment for a period of 90 days or greater.			X					X		
0251	Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation by Vascular Surgeon for Placement			X					X		
0252	Assessment of Iron Stores		X				X			X	
0253	Peritoneal Dialysis Adequacy Clinical Performance Measure I - Measurement of Total Solute Clearance at Regular Intervals		X							X	

RENAL DISEASE		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0254	Peritoneal Dialysis Adequacy Clinical Performance Measure II - Calculate Weekly KT/Vurea in the Standard Way		X							X	
0255	Measurement of Serum Phosphorus Concentration		X							X	
0256	Hemodialysis Vascular Access- Minimizing use of catheters as Chronic Dialysis Access		X							X	
0257	Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF)		X						X		
0258	CAHPS In-Center Hemodialysis Survey			X				X			
0259	Hemodialysis Vascular Access Decision-making by surge onto Maximize Placement of Autogenous Arterial Venous Fistula		X						X		
0260	Assessment of Health-related Quality of Life in Dialysis Patients		X					X			
0261	Measurement of Serum Calcium Concentration		X							X	
0262	Vascular Access—Catheter Vascular Access and Evaluation by Vascular Surgeon for Permanent Access.		X						X		
0318	Peritoneal Dialysis Adequacy Clinical Performance Measure III - Delivered Dose of Peritoneal Dialysis Above Minimum			X						X	
0320	Patient Education Awareness—Physician Level		X							X	
0321	Peritoneal Dialysis Adequacy: Solute			X						X	
0323	Hemodialysis Adequacy: Solute			X						X	
0324	Patient Education Awareness—Facility Level		X							X	
0369	Dialysis Facility Risk-adjusted Standardized Mortality Ratio			X					X		
0370	Monitoring hemoglobin levels below target minimum			X						X	
0550	Chronic Kidney Disease, Diabetes Mellitus, Hypertension and Medication Possession Ratio for ACEI/ARB Therapy		X							X	
0570	CHRONIC KIDNEY DISEASE (CKD): MONITORING PHOSPHORUS		X							X	
0571	CHRONIC KIDNEY DISEASE (CKD): MONITORING PARATHYROID HORMONE (PTH)		X							X	
0574	CHRONIC KIDNEY DISEASE (CKD): MONITORING CALCIUM		X							X	
0617	High Risk for Pneumococcal Disease - Pneumococcal Vaccination		X				X				
0626	Chronic Kidney Disease - Lipid Profile Monitoring		X							X	
0627	Chronic Kidney Disease with LDL Greater than or equal to 130 – Use of Lipid Lowering Agent		X							X	
1418	Frequency of Adequacy Measurement for Pediatric Hemodialysis Patients		X							X	
1421	Method of Adequacy Measurement for Pediatric Hemodialysis Patients		X							X	
1423	Minimum spKt/V for Pediatric Hemodialysis Patients			X						X	
1424	Monthly Hemoglobin Measurement for Pediatric Patients		X							X	
1425	Measurement of nPCR for Pediatric Hemodialysis Patients		X							X	
1433	Use of Iron Therapy for Pediatric Patients		X							X	



RENAL DISEASE		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
1438	Periodic Assessment of Post-Dialysis Weight by Nephrologists		X							X	
1454	Proportion of patients with hypercalcemia			X					X		
1460	Bloodstream Infection in Hemodialysis Outpatients			X					X		
1463	Standardized Hospitalization Ratio for Admissions			X					X		
1653	Pneumococcal Immunization (PPV 23)		X				X				

### Rheumatoid Arthritis / Osteoarthritis

RHEUMATOID ARTHRITIS/ OSTEOARTHRTIS		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0050	Osteoarthritis: Function and Pain Assessment		X				X				
0051	Osteoarthritis: assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications		X						X		
0054	Arthritis: disease modifying antirheumatic drug (DMARD) therapy in rheumatoid arthritis		X						X		
0422	Functional status change for patients with knee impairments			X						X	
0423	Functional status change for patients with hip impairments			X						X	
0424	Functional status change for patients with foot/ankle impairments			X						X	
0425	Functional status change for patients with lumbar spine impairments			X						X	
0426	Functional status change for patients with shoulder impairments			X						X	
0427	Functional status change for patients with elbow, wrist or hand impairments			X						X	
0428	Functional status change for patients with general orthopedic impairments			X						X	
0589	Rheumatoid Arthritis New DMARD Baseline Serum Creatinine		X						X		
0590	Rheumatoid Arthritis New DMARD Baseline Liver Function Test		X						X		
0591	Rheumatoid Arthritis New DMARD Baseline CBC		X						X		
0592	Rheumatoid Arthritis Annual ESR or CRP		X						X		
0597	Methotrexate: LFT within 12 weeks		X						X		
0598	Methotrexate: CBC within 12 weeks		X						X		

RHEUMATOID ARTHRITIS/ OSTEOARTHRITIS		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
0599	Methotrexate: Creatinine within 12 weeks		X						X		
0601	New Rheumatoid Arthritis Baseline ESR or CRP within Three Months		X						X		
0585	Hydroxychloroquine annual eye exam										

### Stroke

STROKE		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
467	Acute Stroke Mortality Rate (IQI 17)			X			X				
241	Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge		X						X		
661	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.		X						X		
705	Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)			X					X		
440	Stroke Education		X					X			
441	Assessed for Rehabilitation		X							X	
438	Antithrombotic therapy by end of Hospital Day Two								X		
439	Discharged on statin medication		X						X		
435	Discharged on Antithrombotic Therapy		X						X		
243	Screening for Dysphagia		X						X		
446	Functional Communication Measure: Reading		X							X	
448	Functional Communication Measure: Memory		X							X	
445	Functional Communication Measure: Spoken Language Comprehension		X							X	
444	Functional Communication Measure: Spoken Language Expression		X							X	
442	Functional Communication Measure: Writing		X							X	

STROKE		Measure Type				National Priorities					
		Structure	Process	Outcome	Composite	Healthy Living, BH	Prevention	Patient Centered	Safer Care	Care Coordination	Affordable Care
447	Functional Communication Measure: Motor Speech		X							X	
448	Functional Communication Measure: Swallowing		X							X	
644	Patients with a transient ischemic event ER visit that had a follow up office visit.		X							X	
242	t-PA considered		X						X		
434	VTE Prophylaxis		X						X		