



BlueCross BlueShield
of Texas

Physician Efficiency, Appropriateness, & Quality (PEAQ) Program **Methodology**

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I.	Overview of Physician Efficiency, Appropriateness, & Quality (PEAQ) Program	3
	Introduction	
	Summary Overview	
	Efficiency	
	Appropriateness	
	Quality	
	Continued Improvement	
	Covered Providers	
II.	Efficiency Measurement Details	6
	Key Components for Fair Comparisons	
	Methodology	
	Time Period and Frequency	
	Relative Efficiency Range	
	Minimum Thresholds for Credible Results	
III.	Coming Soon: Appropriateness Measurement Details	11
IV.	Quality Measurement Details	12
	Provider Quality Framework	
	Methodology	
	Health Care Quality Measures	
	Centers for Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System Quality Score	
	Quality Recognition Program	
	Participation in Blue Cross Blue Shield of Texas (BCBSTX)	
	Value Based Care (VBC) Program	
	Attribution	
	Current Measured Specialties	
V.	Provider Review & Reconsideration Process	16
VI.	Comments & Feedback	16
VII.	Appendix A: Measures / Measure Sets	17



I.

Overview of Physician Efficiency, Appropriateness, & Quality (PEAQ) Program

At Blue Cross Blue Shield of Texas (BCBSTX) we do everything in our power to stand with our members in sickness and in health.

We take the quality and affordability of the care provided to our members very seriously. As a part of this commitment, one of BCBSTX's core objectives as a health plan is to maximize and improve the value of care our members receive.

To further this commitment, our BCBSTX Physician Efficiency, Appropriateness, and Quality (PEAQ) Program evaluates provider performance in a transparent and multidimensional way. A goal of PEAQ is to work with the provider community to **maximize physician efficiency, appropriateness, and quality of care.**

The guiding principles of our BCBSTX Physician Efficiency, Appropriateness, and Quality (PEAQ) Program include:

Metrics

Selecting meaningful measures of health care efficiency, appropriateness, and quality

Partnership

Collaborating with providers to ensure measurement transparency

Insights

Providing physician and practice-level insights on how to improve overall performance

Transparency

Equipping providers with meaningful information about efficiency, appropriateness of care, and quality

Alignment

Using value-based care incentives and recognition programs that steer members to providers with superior performance

Helping our members

Identifying providers with superior performance through performance transparency tools, network, and benefit design



Summary Overview

The three key components of BCBSTX's PEAQ program are described below.



Efficiency

To evaluate providers for cost-**efficiency**, we use BCBSTX's proprietary Provider and Network Decision Analytics (PANDA®) program. The efficiency model is a comprehensive data analysis and reporting solution with financial and utilization metrics that provides users with the ability to identify potential efficiency improvement opportunities.

Our efficiency program compares providers to their peers within the same Working Specialty and Geographic Market as defined in Section II. It applies dynamic drill-down capabilities at the episode level in order to compare providers with similar patients with similar disease stages. Additional consideration is given for pharmacy benefit coverage as well as network plan design for the patient. Comorbidity and demographic adjustments are applied to account for additional factors influencing care delivery outcomes.

Appropriateness

To provide a more complete picture, we will also measure **appropriateness** of care provided. Details on the appropriateness measures and covered specialties will be distributed at a later date.



Quality

The Institute of Medicine defines health care **quality** as:

“The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”¹

Our methodology relies on evidence-based, endorsed measures and, whenever possible, leverages existing quality measurement standards. The intention is to minimize the burden for providers who are asked to manage a large volume of measurements across various health plans.

The elements of quality evaluation are 1) nationally endorsed quality measures, 2) CMS Merit-based Incentive Payment System (MIPS) self-reported quality measures, 3) participation in national designation programs, and 4) participation in BCBSTX value based contracts.

Continued Improvement

We will continually reevaluate our methodology for each of the three components of BCBSTX’s PEAQ program for accuracy and statistical rigor. Iterative improvements will be made to account for feedback and future development. Notifications of methodological changes will be communicated to providers.

Covered Providers

Some providers may not be evaluated by the PEAQ program for a variety of reasons. These reasons include, but are not limited to, the following:

- Specialty not included in current methodology
- Limited volume
- Inadequate peer group information
- Limited number of quality measures
- Non-MD/DO provider

¹ Institute of Medicine (US) Committee to Design a Strategy for Quality Review and Assurance in Medicare; Lohr KN, editor. Medicare: A Strategy for Quality Assurance: Volume 1. Washington (DC): National Academies Press (US); 1990. 1, Health, Health Care, and Quality of Care.



II.

Efficiency Measurement Details

Key Components for Fair Comparisons

PANDA® is an award-winning², data-driven approach to efficiency measurement that was developed by teams at BCBSTX. The model accounts for providers, patients, and attributed benefits to ensure fair comparisons.

We use the latest machine learning methodologies and statistical controls to minimize outlier impact, align providers to peer groups, and remove anomalous patient episodes. A key component of this review and basis for cost roll-up is care delivery by the team of providers managing patient care.

Our efficiency methodology breaks down the impact of site of service, type of service, volume of service, and price of the various services to determine total cost.

Fair Comparison Component

Description & Application

01

Episode Condition & Disease Stage

The Medical Episode Grouper (MEG) is the proprietary episode grouping methodology of IBM Watson. Today, over 150 health plans, employers, and state Medicaid agencies use MEG. PANDA® matches patients to other patients with the same clinical condition using MEG's episodes of care. In total, there are over 500 episode categories that are further segmented by severity and disease stage progression and grouped as Acute or Chronic. Only episodes marked as complete are utilized in efficiency results.

02

Working Specialty

Providers are matched to other providers within the same Working Specialty (WS). The WS represents a provider's specialty and/or sub-specialty and is determined using information from BCBSTX's provider demographics database and claims submitted by the provider. The WS may be more specific than a provider's self-declared specialty. For example, WS may distinguish an interventional cardiologist from a non-interventional cardiologist based on claims submitted by the provider.

² Honoree of the 2019 Digital Edge 50 Award from IDG (the publisher of CIO magazine) and one of Drexel University LeBow College of Business' 2016 Analytics 50 honorees.



	Fair Comparison Component	Description & Application
03	Contracted Network	Providers are matched to other providers practicing in the same network model type such as a Preferred Provider Organization (PPO) or a Health Maintenance Organization (HMO), with similarly aligned BCBSTX network products grouped to model type.
04	Patient Risk	The model employs the latest machine learning and predictive modeling techniques to accurately adjust for patient population differences related to comorbidities and demographics.
05	Pharmacy Coverage	Only patients for whom BCBSTX has accurate prescription cost details are compared to each other. Patients for whom BCBSTX does not have accurate prescription cost details are compared to each other.
06	Geographic Market	Providers are matched with peers who practice in the same geographic market. Depending on the concentration of members and providers in a geographic area, a market region area can be limited to several zip codes. Otherwise, markets are based on Metropolitan Statistical Areas (MSA) as defined by the U.S. Office of Management and Budget.
07	Outliers	Outlier patient episodes and their associated costs can positively or negatively skew providers' results. In order to control for such anomalous data, episodes' Total Allowed Costs are truncated for each episode group and disease stage combination. In addition, machine learning methods are used to identify remaining outliers in further analysis.



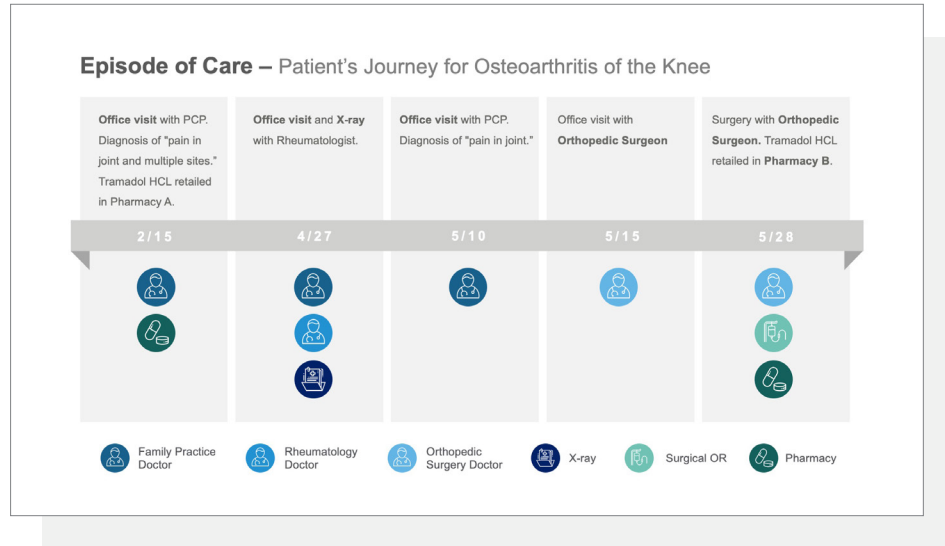
Methodology

A provider's overall efficiency is a weighted average of efficiencies across that provider's episodes of care. Using MEG, all related claims are combined to form "episodes of care" to identify treatment teams. Episodes are diagnosis-based rather than procedure-based. For example, if a patient had a procedure, the episode of care would include all related care provided before and after the procedure, across working specialties. This model captures the impact of site of service, type of service, volume of services, and price points for each service and includes all types of services (e.g., IP, OP, Prof, Ancillary, Rx).

The total cost for each of a provider's episodes of care is compared to the total expected cost of the episode – an average across episodes of the same type / stage, treated by the same type of provider, in the same area and network. The expected cost is further adjusted for patient comorbidities and social and demographic risks. A provider's episode measurement result is the ratio of its actual episode cost to its expected cost, with a lower ratio providing a more favorable cost-efficiency result. A provider's overall efficiency is equal to the weighted average of the measurement results across treatment episodes, weighted based on the size of the episode and proportion of care provided across practice alignment.

Time Period and Frequency

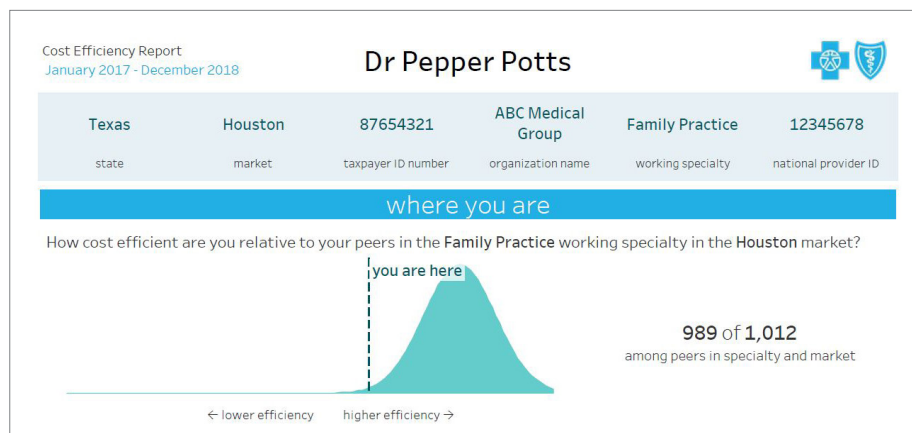
Our model considers episodic data from 24 months of incurred services and 27 months of paid services. On the next page is an example of services that are combined into a clinically coherent episode of care. The services displayed are a selection of services for demonstration only. Actual episodes may include additional services based on actual care delivery.



Relative Efficiency Range

Our model calculates relative efficiency and segments providers from low to high efficiency. Granular, model-driven estimates offer maximum flexibility when applying to various use cases such as network optimization, member steerage, and custom solutions.

Below is an example of an efficiency dashboard.





Minimum Thresholds for Credible Results

For an episode condition to be included, the following criteria must be met:

- 1 A minimum of **three episodes** treated for the condition category by a physician
- 2 A total of at least **ten episodes** across all physicians treating the condition in the same peer group

Only episodes that meet cost thresholds and are marked as complete by MEG are included in measurement. Physicians with less than 50 episodes across all conditions currently do not receive a relative efficiency range.

Credibility thresholds will be continually evaluated and are subject to change. Significant updates will be shared with providers.



III.

Coming Soon: Appropriateness Measurement Details

Appropriateness of care is another important dimension of provider performance. Our appropriateness tool will measure whether providers perform within the range of acceptable practice and evidence-based care delivery. We will release details on included specialties and appropriateness measures prior to the applicable measurement period.



IV.

Quality Measurement Details

Provider Quality Framework

There are four components to the provider quality framework

Component	Scoring Methodology
01 Health Care Quality Measures National Quality Forum (NQF) and/or National Committee for Quality Assurance (NCQA) endorsed measures	Assumes a minimum denominator for each measure to be considered a part of the calculation. Calculations are measured within peer groups and geographies, risk adjusted, and then normalized.
02 Centers for Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System Quality Score* Physician self-reported six measures of quality performance to fit their own practice	MIPS quality scores for providers are extracted from the CMS website then normalized based on peer groups within geography.
03 Annual Participation in National Designation NCQA Bridges to Excellence or affiliated or employed with a Blue Cross Blue Shield Association (BCBSA) Blue Distinction Center (BDC)	Additional considerations by specialty**
04 Annual Participation in BCBSTX Value Based Care (VBC) Program Accountable Care Organizations (ACO), Patient Centered Medical Home (PCMH), Bundled Payment, or other VBC programs offered by BCBSTX	Additional considerations for participation and/or positive performance**

* We will utilize the most recent MIPS data available to our program. Current data can be found at <https://data.medicare.gov/data/physician-compare>

** Participation counts for national designations and BCBSTX Value Based Care programs will be aggregated and normalized based on providers' geographic distribution and specialty.



Methodology

Providers are measured against peers who practice in the same specialty and geographic market. Depending on the concentration of members and providers in a geographic area, a market region area can be limited to several zip codes. Otherwise, markets are based on Metropolitan Statistical Areas (MSA) as defined by the U.S. Office of Management and Budget.

For the final output, we create a composite result weighting the four components of the quality framework. Considerations are made for patient and measure volume and the composite result is normalized.

Health Care Quality Measures

For each measure, member compliance rates are aggregated to the National Provider Identifier (NPI) level. These aggregated rates are risk adjusted based on patient comorbidities, demographics, disease severity, and disease category.

All measure specifications are taken from the National Quality Forum (NQF) and/or National Committee for Quality Assurance (NCQA) specifications, including recommended look-back periods.

See Appendix A for a list of measures for each specialty.

Each year, we evaluate the measures available for every specialty. As new measures become available for a given specialty, they will be calculated for one year before inclusion in results. Notifications of new or changed measures or methodology will be communicated to providers.

CMS Merit-based Incentive Payment System Quality Score

MIPS is a component of the composite Quality Measurement framework. This publicly available data is part of a consolidated incentive framework that represents the quality of care provided to a patient at the NPI level. This aggregated metric is weighted in the final analysis.

See Appendix A for a list of MIPS quality measures for each specialty.



Quality Recognition Program

By participating in NCQA Bridges to Excellence or BCBSA BDC, providers demonstrate a strong commitment to providing high quality health care. Participation positively impacts the final result.

Participation in BCBSTX Value Based Care Program

By participating in a BCBSTX Value Based Care (VBC) Program such as Accountable Care Organizations, Patient Centered Medical Home, Bundled Payment, or others as offered, providers demonstrate a commitment to improvement of quality outcomes. This participation positively impacts the final result and may be assessed based on performance outcomes.

Attribution

Member attribution to Primary Care Physicians (PCPs) uses the member-selected PCP for Health Maintenance Organization (HMO) products and derives the PCP from claims data for Preferred Provider Organization (PPO) products.

Members are attributed to specialists by identifying Primary Specialists that most influence that member's care, and a single Primary Specialist is selected for each of the member's episodes of care in which a specialist is present. The Primary Specialist is identified by selecting the specialist with the largest share of work Relative Value Units (RVUs) for that episode, applying a minimum threshold to confirm the Primary Specialist was managing care at an appropriate level to be considered for measurement. Only episodes of care within a 12-month period are included.

Quality measurements (e.g. HEDIS) from member claims are then selected for the Primary Specialist(s) for the member and Working Specialty combination. Primary Specialists are only assigned measures relevant to their Working Specialty (outlined in Appendix A). To calculate a specialist's overall compliance rate for their patient panel, we determine the member's HEDIS measurement status (i.e. compliant vs. non-compliant) and then aggregate all measured compliance rates for the selected specialist.



Current Measured Specialties

The quality component of the PEAQ program measures providers across primary care, medical, and surgical specialties where there is sufficient share of practice. Measured specialties are listed below:

Medical	Surgical	Primary Care
Cardiology	Cardiac Surgery	Family Practice
Endocrinology	Ophthalmology	Internal Medicine
Gastroenterology	Orthopedic Surgery	Pediatrics
Nephrology	Urology	
Pulmonary	Vascular Surgery	
Rheumatology		
Obstetrics/Gynecology		

Providers are measured on a range of endorsed specialty-specific quality measures across categories such as prevention and screening, guideline adherence, overuse, and/or availability of care. Each year, measured specialties are subject to change.



V.

Provider Review & Reconsideration Process

Providers will have the option to request reconsideration of their PEAQ designation before results are posted on the BCBSTX Provider Finder application or publicly through other wider distribution means such as websites. Providers will be able to submit a response within 45 days of initial notification, and a form will be made available and distributable through a portal. More information on exact location will be announced when in service.

A panel with representatives of Medical Directors, Quality and Accreditation Specialists, Network Representatives, and Data Scientists will review the reconsideration request. The provider will be notified of the response to the reconsideration request prior to public posting on sites. Providers can include supplemental information in their requests for reconsideration, which will be used as part of the review.

VI.

Comments & Feedback

Comments and feedback are welcome and can be submitted to your local Blue Cross Blue Shield of Texas Network Representative or emailed to **PEAQ_analytics@bcbstx.com**.



VII.

Appendix A: Measures / Measure Sets

Listed below are two sets of tables. The first set are quality measures that are included in the scoring model calculated on BCBSTX members. The second set are MIPS measures included in the scoring model.

Set 1: Quality Measures (BCBSTX)

Measure	Description	Applicable Specialties
Adolescent Well-Care Visits (AWC)	Patient(s) 12-21 years of age who had one comprehensive wellcare visit with a PCP or an OB/GYN in the last 12 reported months.	Pediatrics
Adult Access to Preventive/Ambulatory Health Services	<p>The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.</p> <ul style="list-style-type: none"> Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year. Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year 	Family Practice, Internal Medicine
Appropriate Testing for Pharyngitis	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Pediatrics
Appropriate Treatment for Upper Respiratory Infection	<p>The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.</p> <p><i>Note: A lower rate indicates better performance.</i></p>	Family Practice, Pediatrics
Asthma: Pharmacologic Therapy for Persistent Asthma	Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication	Pulmonary Medicine
Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)	<p>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</p> <p><i>Note: A lower rate indicates better performance.</i></p>	Family Practice, Internal Medicine, Pediatrics, Pulmonary Medicine
Breast Cancer Screening (BCS)	Patient(s) 52-74 years of age who had a screening mammogram in last 27 reported months.	Family Practice, Internal Medicine, Obstetrics and Gynecology



Measure	Description	Applicable Specialties
Cataracts: Complications Within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.	Ophthalmology
Cervical Cancer Screening (CCS)	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: *Women 21–64 years of age who had cervical cytology performed every 3 years. *Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	Family Practice, Internal Medicine, Obstetrics and Gynecology
Childhood Immunization Status - Combo 10	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Pediatrics
Children and Adolescents' Access to Primary Care Practitioners (CAP)	1. Patient(s) 12-24 months of age who had a PCP visit during the 12 months prior to the end of the report period. 2. Patient(s) 25 months to 6 years of age who had a PCP visit during the 12 months prior to the end of the report period. 3. Patient(s) 7-11 years of age who had a PCP visit during the 24-month report period. 4. Patient(s) 12-19 years of age who had a PCP visit during the 24-month report period.	Pediatrics
Chlamydia Screening in Women (CHL)	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.	Obstetrics and Gynecology
Colorectal Cancer Screening (COL)	Patient(s) 50-75 years of age who had appropriate screening for colorectal cancer.	Family Practice, Internal Medicine, Obstetrics and Gynecology
Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy	Patients 18–75 years of age with diabetes who had annual screening for nephropathy or evidence of nephropathy.	Family Practice, Internal Medicine, Endocrinology
Comprehensive Diabetes Care (CDC): HbA1c in control (<8.0 Percent)	Patient(s) 18–75 years of age with evidence of diabetic control, defined as the most recent HbA1c result value less than 8.0 percent.	Endocrinology
Comprehensive Diabetes Care: Eye Exam	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had Eye exam (retinal) performed.	Family Practice, Internal Medicine, Endocrinology
Comprehensive Diabetes Care: Hemoglobin A1c Testing	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing.	Family Practice, Internal Medicine, Endocrinology
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	The percentage of patients 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying antirheumatic drug (DMARD).	Rheumatology



Measure	Description	Applicable Specialties
Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)	This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for AMI to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients hospitalized with AMI by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. In order to aggregate all three events, we measure each in terms of days.	Cardiac Surgery
Excess days in acute care (EDAC) after hospitalization for heart failure (HF)	This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for HF to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients hospitalized with HF by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. In order to aggregate all three events, we measure each in terms of days.	Cardiac Surgery
Excess days in acute care (EDAC) after hospitalization for pneumonia	This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for pneumonia, including aspiration pneumonia or for sepsis (not severe sepsis) with a secondary diagnosis of pneumonia coded in the claim as present on admission. This measure is intended to capture the quality of care transitions provided to discharge patients hospitalized with pneumonia by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. In order to aggregate all three events, we measure each in terms of days.	Pulmonary Medicine
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (COPD, Asthma, Heart failure, Acute myocardial infarction, Atrial fibrillation)	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	Cardiology, Pulmonary Medicine
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<p>The percentage of children newly prescribed attention-deficit / hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <ul style="list-style-type: none"> Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	Pediatrics



Measure	Description	Applicable Specialties
Medication Management for People with Asthma (MMA) – 75 Percent Minimum	Patient(s) between the ages of 5 and 64 years of age compliant with prescribed asthma controller medication (minimum compliance 75 percent).	Pediatrics, Pulmonary Medicine
Non-Recommended Prostate Specific Antigen (PSA)-Based Screening in Older Men	The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. <i>Note: A lower rate indicates better performance.</i>	Urology
Osteoporosis Management in Women Who Had a Fracture (OMW)	The percentage of women age 50-85 who suffered a fracture in the six months prior to the performance period through June 30 of the performance period and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.	Obstetrics and Gynecology, Rheumatology
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Patients hospitalized with an acute myocardial infarction (AMI) persistently taking a beta-blocker for six months after discharge.	Cardiology
Pharmacotherapy Management of COPD Exacerbation (PCE) – Systemic Corticosteroid	Patient(s) 40 years of age and older with COPD exacerbation who received a systemic corticosteroid within 30 days of the hospital or ED discharge.	Pulmonary Medicine
Plan All-Cause Readmissions (PCR)	Unplanned hospital readmission within 30 days of principal procedure.	Cardiac Surgery, Orthopedic Surgery, Vascular Surgery
Postpartum Care	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of postpartum care. <ul style="list-style-type: none"> Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. 	Obstetrics and Gynecology
Primary Open-Angle Glaucoma (POAG) – Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.	Ophthalmology
Statin Therapy for Patients with Cardiovascular Disease (SPC) – Adherence	Patient(s) with cardiovascular disease taking statin medications who adhered to the prescribed statin medication regimen (proportion of days covered) at least 80 percent during the treatment period.	Cardiology
Statin Therapy for Patients with Cardiovascular Disease (SPC) –Treatment	Patient(s) with cardiovascular disease who received a high or moderate-intensity statin medication.	Cardiology, Family Practice
Use of Imaging Studies for Low Back Pain- Imaging	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. <i>Note: A lower rate indicates better performance.</i>	Family Practice, Internal Medicine



Measure	Description	Applicable Specialties
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	Pulmonary Medicine
Well-Child Visits in the First 15 Months of Life (W15)	Percentage of members who turned 15 months old during the measurement year who had six or more well-child visits with a PCP during the first 15 months of life.	Pediatrics
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Patient(s) 3-6 years of age who had one well-child visit with a PCP in the last 12 reported months.	Family Practice, Pediatrics

Set 2: MIPS Quality Metrics

Measure	Description	Applicable Specialties
Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.	Family Medicine, Internal Medicine, Pediatrics
Acute Otitis Externa (AOE): Topical Therapy	Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.	Family Medicine, Internal Medicine, Pediatrics
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).	Family Medicine, Internal Medicine
Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis	Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated.	Nephrology
Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days	Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter.	Nephrology
Adult Kidney Disease: Referral to Hospice	Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care.	Nephrology
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.	Family Medicine
Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery	Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment who did not require a return to the operating room within 90 days of surgery.	Ophthalmology
Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery	Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye.	Ophthalmology
Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)	Percentage of patients, aged 18 years and older, with a diagnosis of acute viral sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.	Family Medicine, Internal Medicine



Measure	Description	Applicable Specialties
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin with or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)	Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis.	Family Medicine, Internal Medicine
Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)	Percentage of patients aged 18 years and older, with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.	Family Medicine, Internal Medicine
Advance Care Plan	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.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology, Nephrology
Age Appropriate Screening Colonoscopy	The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31.	Gastroenterology
Age-Related Macular Degeneration (AMD): Dilated Macular Examination	Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage AND the level of macular degeneration severity during one or more office visits within the 12 month performance period.	Ophthalmology
All-cause Hospital Readmission	The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology, Nephrology
Anastomotic Leak Intervention	Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery.	Gastroenterology Surgery
Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users	Percentage of patients, regardless of age, who are active injection drug users who received screening for HCV infection within the 12-month reporting period.	Family Medicine, Internal Medicine
Anti-Depressant Medication Management	Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Family Medicine, Internal Medicine
Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.	Gastroenterology
Appropriate Testing for Children with Pharyngitis	Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	Family Medicine, Pediatrics
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months - 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	Family Medicine, Pediatrics



Measure	Description	Applicable Specialties
Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.	Family Medicine, Internal Medicine, Obstetrics/ Gynecology
Appropriate Workup Prior to Endometrial Ablation	Percentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial ablation.	Obstetrics/Gynecology
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	Percentage of patients aged 18 years and older with nonvalvular atrial fibrillation (AF) or atrial flutter who were prescribed warfarin OR another FDA-approved oral anticoagulant drug for the prevention of thromboembolism during the measurement period.	Cardiology, Family Medicine, Internal Medicine
Average Change in Back Pain Following Lumbar Discectomy/Laminotomy	The average change (preoperative to three months postoperative) in back pain for patients 18 years of age or older who had a lumbar discectomy/ laminotomy procedure.	Orthopedic Surgery
Average Change in Back Pain Following Lumbar Fusion	The average change (preoperative to one year postoperative) in back pain for patients 18 years of age or older who had a lumbar fusion procedure.	Orthopedic Surgery
Average Change in Functional Status Following Lumbar Discectomy/ Laminotomy Surgery	The average change (preoperative to postoperative) in functional status using the Oswestry Disability Index (ODI version 2.1a) for patients age 18 and older who had lumbar discectomy/laminotomy procedure.	Orthopedic Surgery
Average Change in Functional Status Following Lumbar Fusion Surgery	The average change (preoperative to postoperative) in functional status using the Oswestry Disability Index (ODI version 2. 1a) for patients 18 years of age and older who had a lumbar fusion procedure.	Orthopedic Surgery
Average Change in Functional Status Following Total Knee Replacement Surgery	The average change (preoperative to postoperative) in functional status using the Oxford Knee Score (OKS) for patients age 18 and older who had a primary total knee replacement.	Orthopedic Surgery
Average Change in Leg Pain Following Lumbar Discectomy and/or Laminotomy	The average change (preoperative to three months postoperative) in leg pain for patients 18 years of age or older who had a lumbar discectomy/ laminotomy procedure.	Orthopedic Surgery
Average Change in Leg Pain Following Lumbar Fusion Surgery	The average change (preoperative to one year postoperative) in leg pain for patients 18 years of age or older who had a lumbar fusion procedure.	Orthopedic Surgery
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription.	Family Medicine, Internal Medicine
Biopsy Follow-Up	Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient.	Obstetrics/Gynecology, Urology
Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy	Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater (indicated by HCPCS code) and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.	Urology



Measure	Description	Applicable Specialties
CAHPS for ACOs Clinician/Group Survey	Getting timely care, appointments, and information; How well providers Communicate; Patient's Rating of Provider; Access to Specialists; Health Promotion & Education; Shared Decision Making; Health Status/Functional Status; and Stewardship of Patient Resources.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology, Nephrology
CAHPS for MIPS Clinician/ Group Survey	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Clinician/Group Survey is comprised of 10 Summary Survey Measures (SSMs) and measures patient experience of care within a group practice. The NQF endorsement status and endorsement id (if applicable) for each SSM utilized in this measure are as follows: Getting timely care, appointments, and information; How well providers Communicate; Patient's Rating of Provider; Access to Specialists; Health Promotion & Education; Shared Decision Making; Health Status/Functional Status; Courteous and Helpful Office Staff; Care Coordination; and Stewardship of Patient Resources.	Family Medicine, Internal Medicine
Cardiac Rehabilitation Patient Referral from an Outpatient Setting	Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.	Cardiology, Family Medicine, Internal Medicine
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients	Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low-risk surgery patients 18 years or older for preoperative evaluation during the 12-month submission period.	Cardiology
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)	Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status.	Cardiology
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment.	Cardiology
Cataract Surgery with Intra- Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)	Percentage of patients aged 18 years and older who had cataract surgery performed and had an unplanned rupture of the posterior capsule requiring vitrectomy.	Ophthalmology
Cataract Surgery: Difference Between Planned and Final Refraction	Percentage of patients aged 18 years and older who had cataract surgery performed and who achieved a final refraction within +/- 1.0 diopters of their planned (target) refraction.	Ophthalmology
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.	Ophthalmology



Measure	Description	Applicable Specialties
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.	Ophthalmology
Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey.	Ophthalmology
Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey.	Ophthalmology
Cervical Cancer Screening	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: *Women age 21-64 who had cervical cytology performed every 3 years, *Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	Family Medicine, Internal Medicine, Obstetrics/ Gynecology
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	Pediatrics
Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Pediatrics
Chlamydia Screening for Women	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.	Obstetrics/Gynecology, Pediatrics
Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD (FEV1/FVC < 70%) and who have an FEV1 less than 60% predicted and have symptoms who were prescribed a long-acting inhaled bronchodilator.	Pulmonology
Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented.	Pulmonology
Closing the Referral Loop: Receipt of Specialist Report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology
Colonoscopy Interval for Patients with a History of Adenomatous Polyps + - Avoidance of Inappropriate Use	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of prior adenomatous polyp(s) in previous colonoscopy findings, which had an interval of 3 or more years since their last colonoscopy.	Gastroenterology



Measure	Description	Applicable Specialties
Avoidance of Inappropriate Use Colorectal Cancer Screening	Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.	Family Medicine
Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is submitted by the physician who treats the fracture and who therefore is held accountable for the communication.	Family Medicine, Internal Medicine, Orthopedic Surgery, Rheumatology
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment.	Family Medicine, Internal Medicine
Controlling High Blood Pressure	Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.	Cardiology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Vascular Surgery, Rheumatology
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy.	Cardiology
Coronary Artery Disease (CAD): Antiplatelet Therapy	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period who were prescribed aspirin or clopidogrel.	Cardiology, Family Medicine, Internal Medicine,
Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF < 40% who were prescribed beta-blocker therapy.	Cardiology, Family Medicine, Internal Medicine,
Depression Remission at Twelve Months	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	Family Medicine, Internal Medicine
Depression Utilization of the PHQ-9 Tool	The percentage of adolescent patients 12 to 17 years of age and adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a completed PHQ-9 during each applicable 4-month period in which there was a qualifying depression encounter.	Family Medicine, Internal Medicine
Developmental Screening in the First Three Years of Life	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. This is a composite measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened in the 12 months preceding or on their first, second or third birthday.	Pediatrics
Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.	Family Medicine, Internal Medicine
Diabetes: Eye Exam	Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	Family Medicine, Internal Medicine, Ophthalmology



Measure	Description	Applicable Specialties
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Family Medicine, Internal Medicine, Nephrology
Diabetes: Medical Attention for Nephropathy	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	Family Medicine, Internal Medicine, Urology, Nephrology
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Ophthalmology
Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology, Nephrology
Documentation of Signed Opioid Treatment Agreement	All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.	Family Medicine, Internal Medicine, Orthopedic Surgery
Elder Maltreatment Screen and Follow-Up Plan	Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan on the date of the positive screen.	Family Medicine, Internal Medicine
Evaluation or Interview for Risk of Opioid Misuse	All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid RiskTool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record.	Family Medicine, Internal Medicine, Orthopedic Surgery
Falls: Plan of Care	Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months.	Family Medicine, Internal Medicine, Orthopedic Surgery
Falls: Risk Assessment	Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months.	Family Medicine, Internal Medicine, Orthopedic Surgery
Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	Family Medicine, Internal Medicine, Orthopedic Surgery, Nephrology
Follow-Up After Hospitalization for Mental Illness (FUH)	The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are submitted: The percentage of discharges for which the patient received follow-up within 30 days after discharge. The percentage of discharges for which the patient received follow-up within 7 days after discharge.	Pediatrics
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Pediatrics



Measure	Description	Applicable Specialties
Functional Outcome Assessment	Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.	Nephrology
Functional Status Assessment for Total Hip Replacement	Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Orthopedic Surgery
Functional Status Assessment for Total Knee Replacement	Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Orthopedic Surgery
Functional Status Assessments for Congestive Heart Failure	Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.	Family Medicine, Internal Medicine
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Cardiology, Family Medicine, Internal Medicine,
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Cardiology, Family Medicine, Internal Medicine,
Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified health care professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient. To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified health care professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment.	Gastroenterology
Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12-month submission period.	Gastroenterology, Family Medicine, Internal Medicine
HIV Screening	Percentage of patients 15-65 years of age who have been tested for HIV within that age range.	Family Medicine, Internal Medicine, Obstetrics/ Gynecology
HIV Viral Load Suppression	The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	Family Medicine, Internal Medicine
HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	Pediatrics
HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea, and syphilis screenings were performed at least once since the diagnosis of HIV infection.	Pediatrics
Immunizations for Adolescents	The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday.	Family Medicine, Pediatrics



Measure	Description	Applicable Specialties
Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	Percentage of patients with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy.	Gastroenterology
Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury - Bone Loss Assessment	Percentage of patients regardless of age with an inflammatory bowel disease encounter who were prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year. Individuals who received an assessment for bone loss during the year prior and current year are considered adequately screened to prevent overuse of X-ray assessment.	Gastroenterology
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment within 14 days of the diagnosis b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Family Medicine, Internal Medicine, Pediatrics
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include:- Most recent blood pressure (BP) measurement is less than or equal to 140/90 mm Hg -- AND- Most recent tobacco status is Tobacco Free -- AND- Daily Aspirin or Other Antiplatelet Unless Contraindicated -- AND- Statin Use Unless Contraindicated.	Cardiology, Family Medicine, Internal Medicine, Vascular Surgery
Maternal Depression Screening	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	Obstetrics/Gynecology, Family Medicine
Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks (Overuse)	Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a live singleton at ≥ 37 and < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication.	Obstetrics/Gynecology
Maternity Care: Post-Partum Follow-Up and Care Coordination	Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning.	Obstetrics/Gynecology; Family Medicine
Medication Management for People with Asthma	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.	Family Medicine, Internal Medicine, Pediatrics
Medication Reconciliation Post-Discharge	The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years of age and older seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record. This measure is submitted as three rates stratified by age group: -Submission Criteria 1: 18-64 years of age- Submission Criteria 2: 65 years and older, -Total Rate: All patients 18 years of age and older.	Orthopedic Surgery, Nephrology



Measure	Description	Applicable Specialties
Non-Recommended Cervical Cancer Screening in Adolescent Females	The percentage of adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer.	Family Medicine, Internal Medicine, Obstetrics/Gynecology
One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection.	Family Medicine, Internal Medicine, Nephrology
Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	Percent of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool	Vascular Surgery
Opioid Therapy Follow-up Evaluation	All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.	Family Medicine, Internal Medicine, Orthopedic Surgery
Optimal Asthma Control	Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools and not at risk for exacerbation.	Family Medicine, Internal Medicine, Pediatrics
Osteoarthritis (OA): Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.	Family Medicine, Orthopedic Surgery
Osteoporosis Management in Women Who Had a Fracture	The percentage of women age 50-85 who suffered a fracture in the six months prior to the performance period through June 30 of the performance period and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.	Family Medicine, Internal Medicine, Obstetrics/Gynecology, Orthopedic Surgery
Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials.	Family Medicine, Pediatrics
Pain Assessment and Follow-Up	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Orthopedic Surgery, Urology, Rheumatology
Pain Brought Under Control Within 48 Hours	Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours.	Family Medicine, Internal Medicine
Patient-Centered Surgical Risk Assessment and Communication	Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon.	Orthopedic Surgery, Vascular Surgery, Urology
Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL	Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level < 10 g/dL.	Nephrology
Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence	Percentage of patients undergoing appropriate preoperative evaluation of stress urinary incontinence prior to pelvic organ prolapse surgery per ACOG/AUGS/AUA guidelines.	Obstetrics/Gynecology, Urology
Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy	Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse.	Obstetrics/Gynecology, Urology



Measure	Description	Applicable Specialties
Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse.	Obstetrics/Gynecology
Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second-Generation Cephalosporin	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second-generation cephalosporin prophylactic antibiotic who had an order for a first OR second-generation cephalosporin for antimicrobial prophylaxis.	Orthopedic Surgery, Vascular Surgery
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	Orthopedic Surgery, Vascular Surgery, Urology
Persistence of Beta-Blocker Treatment After a Heart Attack	The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who were prescribed persistent beta-blocker treatment for six months after discharge.	Cardiology, Family Medicine, Internal Medicine
Photodocumentation of Cecal Intubation	The rate of screening and surveillance colonoscopies for which photodocumentation of at least two landmarks of cecal intubation is performed to establish a complete examination.	Gastroenterology
Pneumococcal Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Family Medicine, Internal Medicine, Obstetrics/Gynecology, Rheumatology, Nephrology
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI \Rightarrow 18.5 and $<$ 25 kg/m ² .	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology
Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Rheumatology, Nephrology
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Family Medicine, Internal Medicine, Orthopedic Surgery, Pediatrics
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the submitting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology, Nephrology
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Vascular Surgery, Urology, Rheumatology,



Measure	Description	Applicable Specialties
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Urology,
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.	Pediatrics
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.	Ophthalmology
Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within the 12 month performance period.	Ophthalmology
Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair	Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 30 days after surgery.	Obstetrics/Gynecology, Urology
Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by a bowel injury at the time of index surgery that is recognized intraoperatively or within 30 days after surgery.	Obstetrics/Gynecology, Urology
Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair	Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 30 days after surgery.	Obstetrics/Gynecology, Urology
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	Urology, Radiation
Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate.	Urology
Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis on a Biological Immune Response Modifier	Percentage of patients, regardless of age, with psoriasis, psoriatic arthritis and rheumatoid arthritis on a biological immune response modifier whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test.	Family Medicine, Internal Medicine
Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive	Percent of asymptomatic patients undergoing CAS who are stroke free while in the hospital or discharged alive following surgery.	Cardiology, Vascular Surgery



Measure	Description	Applicable Specialties
Rate of Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA) Who Are Stroke Free or Discharged Alive	Percent of asymptomatic patients undergoing CEA who are stroke free or discharged alive following surgery.	Vascular Surgery
Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)	Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2.	Cardiology, Vascular Surgery
Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2.	Vascular Surgery
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Are Discharged Alive	Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) who are discharged alive.	Vascular Surgery
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)	Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2).	Vascular Surgery
Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive	Percentage of patients undergoing open repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) who are discharged alive.	Vascular Surgery
Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)	Percent of patients undergoing open repair of small or moderate sized non-ruptured infrarenal abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7).	Vascular Surgery
Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness.	Otolaryngology
Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months.	Orthopedic Surgery, Rheumatology



Measure	Description	Applicable Specialties
Rheumatoid Arthritis (RA): Functional Status Assessment	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.	Orthopedic Surgery, Rheumatology
Rheumatoid Arthritis (RA): Glucocorticoid Management	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months.	Orthopedic Surgery, Rheumatology
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment of disease activity at $\geq 50\%$ of encounters for RA for each patient during the measurement year.	Rheumatology
Rheumatoid Arthritis (RA): Tuberculosis Screening	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 12 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD).	Rheumatology
Screening Colonoscopy Adenoma Detection Rate	The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy.	Gastroenterology
Screening for Osteoporosis for Women Aged 65-85 Years of Age	Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.	Family Medicine, Internal Medicine, Rheumatology
Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy	Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured.	Internal Medicine
Sleep Apnea: Severity Assessment at Initial Diagnosis	Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis.	Internal Medicine
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: *Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR *Adults aged ≥ 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR *Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.	Cardiology, Family Medicine, Internal Medicine
Surgical Site Infection (SSI)	Percentage of patients aged 18 years and older who had a surgical site infection (SSI).	Vascular Surgery
Tobacco Use and Help with Quitting Among Adolescents	The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	Cardiology, Gastroenterology, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Orthopedic Surgery, Pediatrics, Vascular Surgery, Rheumatology
Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	Percentage of patients regardless of age undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant.	Orthopedic Surgery



Measure	Description	Applicable Specialties
Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet.	Orthopedic Surgery
Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. nonsteroidal anti-inflammatory drug (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure.	Orthopedic Surgery
Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	Percentage of patients regardless of age undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke).	Orthopedic Surgery
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	Family Medicine, Internal Medicine, Obstetrics/ Gynecology, Urology
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.	Family Medicine, Internal Medicine, Obstetrics/ Gynecology, Urology
Use of High-Risk Medications in the Elderly	Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are submitted. 1) Percentage of patients who were ordered at least one high-risk medication 2) Percentage of patients who were ordered at least two of the same high-risk medication.	Cardiology, Family Medicine, Internal Medicine, Rheumatology
Varicose Vein Treatment with Saphenous Ablation: Outcome Survey	Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.	Vascular Surgery
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. (1) Percentage of patients with height, weight, and body mass index (BMI) percentile documentation (2) Percentage of patients with counseling for nutrition (3) Percentage of patients with counseling for physical activity.	Pediatrics
Zoster (Shingles) Vaccination	The percentage of patients aged 50 years and older who have had the Shingrix zoster (shingles) vaccination.	Family Medicine, Internal Medicine, Nephrology