

SHIP Transformation Measurement Inventory

Last updated October 12, 2015

Count	Name	Description	Measure Steward	Federal Programs	Numerator definition	Denominator definition	Exclusions	Possible data sources/Data sources used	URL to additional measure definitions/specifications (reference URL)	NQ#
1	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical 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	CMS	Meaningful Use Stage 2 (EHR Incentive Program) - Eligible Professionals, Medicare Shared Savings Program, Physician Quality Reporting System (PQRS)	Patient's screening for clinical depression using an age appropriate standardized tool AND follow-up plan is documented	All patients aged 12 years and older	Not Eligible/Not Appropriate – A patient is not eligible if one or more of the following conditions exist: <ul style="list-style-type: none"> • Patient refuses to participate • Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status • Situations where the patient's motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court appointed cases • Patient was referred with a diagnosis of depression • Patient has been participating in on-going treatment with screening of clinical depression in a preceding reporting period • Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example: cases such as delirium or severe cognitive impairment, where depression cannot be accurately assessed through use of nationally recognized standardized depression assessment tools 	Ambulatory Care: Clinician Office/Clinic, Hospital/Acute Care Facility, Post Acute/Long Term Care Facility, Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility, Nursing Home/Skilled Nursing Facility, Administrative claims, Electronic Clinical Data: Electronic Health Record, Paper Medical Records	http://www.qualityofcare.gov/OPS/QPSTool.aspx?PageState=0&227TabContentType=226&228&229&230&231&232&233&234&235&236&237&238&239&240&241&242&243&244&245&246&247&248&249&250&251&252&253&254&255&256&257&258&259&260&261&262&263&264&265&266&267&268&269&270&271&272&273&274&275&276&277&278&279&280&281&282&283&284&285&286&287&288&289&290&291&292&293&294&295&296&297&298&299&300&301&302&303&304&305&306&307&308&309&310&311&312&313&314&315&316&317&318&319&320&321&322&323&324&325&326&327&328&329&330&331&332&333&334&335&336&337&338&339&340&341&342&343&344&345&346&347&348&349&350&351&352&353&354&355&356&357&358&359&360&361&362&363&364&365&366&367&368&369&370&371&372&373&374&375&376&377&378&379&380&381&382&383&384&385&386&387&388&389&390&391&392&393&394&395&396&397&398&399&400&401&402&403&404&405&406&407&408&409&410&411&412&413&414&415&416&417&418&419&420&421&422&423&424&425&426&427&428&429&430&431&432&433&434&435&436&437&438&439&440&441&442&443&444&445&446&447&448&449&450&451&452&453&454&455&456&457&458&459&460&461&462&463&464&465&466&467&468&469&470&471&472&473&474&475&476&477&478&479&480&481&482&483&484&485&486&487&488&489&490&491&492&493&494&495&496&497&498&499&500&501&502&503&504&505&506&507&508&509&510&511&512&513&514&515&516&517&518&519&520&521&522&523&524&525&526&527&528&529&530&531&532&533&534&535&536&537&538&539&540&541&542&543&544&545&546&547&548&549&550&551&552&553&554&555&556&557&558&559&560&561&562&563&564&565&566&567&568&569&570&571&572&573&574&575&576&577&578&579&580&581&582&583&584&585&586&587&588&589&590&591&592&593&594&595&596&597&598&599&600&601&602&603&604&605&606&607&608&609&610&611&612&613&614&615&616&617&618&619&620&621&622&623&624&625&626&627&628&629&630&631&632&633&634&635&636&637&638&639&640&641&642&643&644&645&646&647&648&649&650&651&652&653&654&655&656&657&658&659&660&661&662&663&664&665&666&667&668&669&670&671&672&673&674&675&676&677&678&679&680&681&682&683&684&685&686&687&688&689&690&691&692&693&694&695&696&697&698&699&700&701&702&703&704&705&706&707&708&709&710&711&712&713&714&715&716&717&718&719&720&721&722&723&724&725&726&727&728&729&730&731&732&733&734&735&736&737&738&739&740&741&742&743&744&745&746&747&748&749&750&751&752&753&754&755&756&757&758&759&760&761&762&763&764&765&766&767&768&769&770&771&772&773&774&775&776&777&778&779&780&781&782&783&784&785&786&787&788&789&790&791&792&793&794&795&796&797&798&799&800&801&802&803&804&805&806&807&808&809&810&811&812&813&814&815&816&817&818&819&820&821&822&823&824&825&826&827&828&829&830&831&832&833&834&835&836&837&838&839&840&841&842&843&844&845&846&847&848&849&850&851&852&853&854&855&856&857&858&859&860&861&862&863&864&865&866&867&868&869&870&871&872&873&874&875&876&877&878&879&880&881&882&883&884&885&886&887&888&889&890&891&892&893&894&895&896&897&898&899&900&901&902&903&904&905&906&907&908&909&910&911&912&913&914&915&916&917&918&919&920&921&922&923&924&925&926&927&928&929&930&931&932&933&934&935&936&937&938&939&940&941&942&943&944&945&946&947&948&949&950&951&952&953&954&955&956&957&958&959&960&961&962&963&964&965&966&967&968&969&970&971&972&973&974&975&976&977&978&979&980&981&982&983&984&985&986&987&988&989&990&991&992&993&994&995&996&997&998&999&1000	0418
2	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	Center for Quality Assessment and Improvement in Mental Health	Meaningful Use Stage 2 (EHR Incentive Program) - Eligible Professionals, Physician Quality Reporting System (PQRS)	Documented assessment for use of alcohol and chemical substance use; to include at least one of the following: <ul style="list-style-type: none"> • Clinician documentation regarding presence or absence of alcohol and chemical substance use • Patient completed history/assessment form that addresses alcohol and chemical substance use that is documented as being acknowledged by clinician performing the assessment • Use of screening tools that address alcohol and chemical substance use AND • Timeframe for chart documentation of the assessment for alcohol/chemical substance use must be present prior to, or concurrent with, the visit where the treatment plan is documented as being initiated 	UNIPOLAR DEPRESSION Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression AND Documentation of a diagnosis of depression; to include at least one of the following: <ul style="list-style-type: none"> • Codes 296.2x; 296.3x; 300.4 or 311 (ICD9CM or DSM-IV-TR) documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms such as a problem list. OR Diagnosis or Impression or working diagnosis documented in chart indicating depression OR Use of a screening/assessment tool for depression with a score or conclusion that patient is depressed and documentation that this information is used to establish or substantiate the diagnosis 		Ambulatory Care: Clinician Office/Clinic, Behavioral Health/Psychiatric: Outpatient		

Count	Name	Description	Measure Steward	Federal Programs	Numerator definition	Denominator definition	Exclusions	Possible data sources/Data sources used	URL to additional measure definitions/specifications (reference URL)	NQF #
54	Comprehensive Diabetes Care: Hemoglobin A1c Testing and Value	http://www.ncqa.org/Portals/0/HomePage/CDC.pdf NCQA seeks comments on proposed modifications to the Comprehensive Diabetes Care measure. We propose to retire the LDL-C Screening, LDL-C Control (<100 mg/dL) and BP Control (<140/80 mm Hg) indicators.								
55	Comprehensive Diabetes Care: LDL-C Screening	The percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a LDL-C screening test.	National Committee for Quality Assurance (NCQA)		Members who had an LDL-C test performed during the measurement year.	Members 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	Exclude members with a diagnosis of polycystic ovaries who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur at any time in the member's history, but must have occurred by the end of the measurement year. Exclude members with gestational or steroid-induced diabetes who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur during the measurement year or the year prior to the measurement year, but must have occurred by the end of the measurement year.			
56	Comprehensive Diabetes Care: 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.	National Committee for Quality Assurance (NCQA)		Patients with a screening for nephropathy or evidence of nephropathy during the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period Members with the following diagnoses who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur at anytime in the member's history, but must have occurred by Dec 31 of the measurement year. • Polycystic ovaries • Gestational or steroid-induced diabetes		Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Pharmacy, Paper Medical Records		
57	Condition-specific per capita cost measures for COPD, diabetes, HF, and CAD	The ratio of all actual Medicare FFS Parts A and B payments to a medical group practice for beneficiaries attributed to it over a calendar year with one of four specific chronic health conditions—diabetes, coronary artery disease, chronic obstructive pulmonary disease, and heart failure—to all expected payments to the medical group practice for those beneficiaries, multiplied by the payment for the average beneficiary in the sample.	National Committee for Quality Assurance (NCQA)		The sum of the payment-standardized actual Medicare Part A and Part B costs during the calendar year for all Medicare beneficiaries attributed to the medical group practice who have the given chronic condition, multiplied by the actual Medicare FFS Part A and Part B payments for the average beneficiary in the sample. Note: Actual costs above the 99th percentile are set to the cost at the 99th percentile.	The sum of the payment-standardized expected (based on beneficiary medical histories) Medicare Part A and Part B costs during the calendar year for all Medicare beneficiaries who were attributed to the medical group practice who have the given chronic condition.				
58	D12 - Diabetes Treatment	When people with diabetes also have high blood pressure, there are certain types of blood pressure medication recommended. This tells what percent got one of the recommended types of blood pressure medicine. This is defined as the percentage of Medicare Part D beneficiaries who were dispensed a medication for diabetes and a medication for hypertension whose treatment included a renin angiotensin system (RAS) antagonist (an angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor) medication which are recommended for people with diabetes.	National Committee for Quality Assurance (NCQA)		Number of member-years of enrolled beneficiaries from eligible population who received a RAS antagonist medication during period measured	Number of member-years of enrolled beneficiaries in period measured who were dispensed at least one prescription for an oral hypoglycemic agent or insulin and at least one prescription for an antihypertensive agent during the measurement period	• Beneficiaries without Medicare FFS Parts A and B coverage for all 12 months of the calendar year • Beneficiaries who died in the calendar year • Beneficiaries without a prior calendar year Hierarchical Condition Category risk score (which is used to compute expected beneficiary costs) • Beneficiaries for whom non-risk-adjusted total Medicare costs were in the bottom one percent of the distribution of costs for all beneficiaries • Beneficiaries who resided outside the United States • Beneficiaries attributed to a Rural Health Clinic, Federally Qualified Health Center, Method 2 Critical Access Hospital, or Elected Teaching Amendment Hospitals.			
59	D13 - Part D Medication Adherence for Diabetes Medications	Percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Centers for Medicare & Medicaid Services (CMS)							

Count	Name	Description	Measure Steward	Federal Programs	Numerator definition	Denominator definition	Exclusions	Possible data sources/Data sources used	URL to additional measure definitions/specifications (reference URL)	NQF #
60	Diabetes ASCS Composite Measure	Risk-adjusted rate of hospitalizations for (1) short-term diabetes complications, (2) long-term diabetes complications, (3) uncontrolled diabetes, or (4) diabetes-related lower-extremity amputation, expressed as discharges per 1,000 Medicare beneficiaries with diabetes attributed to a medical group practice (based on the Agency for Healthcare Research and Quality's (AHRQ) Prevention Quality Indicators, or PQIs)	Pharmacy Quality Alliance/CMS		The number of patients who met the PDC threshold during the measurement year for each therapeutic category separately. Follow the steps below for each patient to determine whether the patient meets the PDC threshold. Step 1: Determine the patient's measurement period, defined as the index prescription date (date of the first fill of the target medication) to the end of the calendar year, disenrollment, or death. Step 2: Within the measurement period, count the days the patient was covered by at least one drug in the class based on the prescription fill date and days of supply. If prescriptions for the same drug (generic ingredient) overlap, then adjust the prescription start date to be the day after the previous fill has ended.* Step 3: Divide the number of covered days found in Step 2 by the number of days found in Step 1. Multiply this number by 100 to obtain the PDC (as a percentage) for each patient. Step 4: Count the number of patients who had a PDC 80% or greater and then divide by the total number of eligible patients. *Adjustment of overlap should also occur when there is overlap of a single drug product to a combination product containing the single drug or when there is an overlap of combination product to another combination product where at least one of the drugs from the target therapeutic class is common.	Patients age 18 years and older who were dispensed at least two prescriptions in a specific therapeutic category on two unique dates of service during the measurement year. For the Diabetes rate only: Exclude any patient with one or more prescriptions for insulin in the measurement period. Exclusion criteria for the PDC category of Diabetes medications: Patients who have one or more prescriptions for insulin in the measurement period.				
61	Diabetes Care - Cholesterol Screening	Percent of plan members with diabetes who have had a test for "bad" (LDL) cholesterol within the past year.	CMS		Number of observed short-term hospital discharges that occurred during the measurement period with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: x000D_x000D_PQI 01: Diabetes Short-Term Complications Admission Rate_x000D_x000D_PQI 03: Diabetes Long-Term Complications Admission Rate_x000D_x000D_PQI 14: Uncontrolled Diabetes Admission Rate_x000D_x000D_PQI 16: Rate of Lower-Extremity Amputation Diabetes	Number of expected short-term hospital discharges that occurred during the measurement period with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: x000D_x000D_PQI 01: Diabetes Short-Term Complications Admission Rate_x000D_x000D_PQI 03: Diabetes Long-Term Complications Admission Rate_x000D_x000D_PQI 14: Uncontrolled Diabetes Admission Rate_x000D_x000D_PQI 16: Rate of Lower-Extremity Amputation Diabetes The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice. Optional: Members with a diagnosis of polycystic ovaries who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year before the measurement year. Diagnosis may occur at any time in the member's history, but must have occurred by December 31 of the measurement year.				
62	Diabetes Condition Episode for CMS Episode Grouper	Resources used in caring for the condition (duration TBD)	Centers for Medicare & Medicaid Services (CMS)		MA enrollees 18-75 with diabetes (type 1 and type 2) who had an LDL-C screening test performed during the measurement year	MA enrollees 18-75 with diabetes (type 1 and type 2) Determined by specific code sets of diagnoses and interventions				
63	Diabetes Condition Episode for CMS Episode Grouper	Resources used in caring for the condition (duration TBD)	Centers for Medicare & Medicaid Services (CMS)		MA enrollees 18-75 with diabetes (type 1 and type 2) who had an LDL-C screening test performed during the measurement year	MA enrollees 18-75 with diabetes (type 1 and type 2) Determined by specific code sets of diagnoses and interventions				
64	Diabetes Medication Dosing	This measure is defined as the percent of Medicare Part D beneficiaries who were dispensed a dose higher than the daily recommended dose for the following diabetes treatment therapeutic categories of oral hypoglycemics: biguanides, sulfonylureas and thiazolidinediones.	Centers for Medicare & Medicaid Services (CMS)		Resources used in the episodes attributed to the provider	Number of episodes attributed to the provider. A percentage is not calculated for contracts with 30 or fewer beneficiary member years (in the denominator).				
65	Diabetes Short-Term Complications Admission Rate (PQI 01)	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.	AHRQ Quality Indicators		Number of member-years of beneficiaries enrolled during the measurement period who were dispensed a dose of an oral hypoglycemic higher than the daily recommended dose.	Number of member-years of beneficiaries enrolled during the measurement period who were dispensed at least one prescription of an oral hypoglycemic.	<ul style="list-style-type: none"> Transfer from a hospital (different facility) Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) Transfer from another health care facility With missing gender (SEX = missing), age (AGE = missing), quarter (QTR = missing), year (YEAR = missing), principal diagnosis (DX1 = missing), or county (PSTCO = missing) MDC 14 (pregnancy, childbirth, and puerperium) 			

Count	Name	Description	Measure Steward	Federal Programs	Numerator definition	Denominator definition	Exclusions	Possible data sources/Data sources used	URL to additional measure definitions/specifications (reference URL)	NQF #
72	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	AMA-convended Physician Consortium for Performance Improvement	Meaningful Use Stage 2 (EHR Incentive Program) - Eligible Professionals, Physician Quality Reporting System (PQRS)	Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care	All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed	The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure 0089-Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care, exceptions may include medical reason(s) (eg, patient allergy) or patient reason(s) (eg, patient declined) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes. Where examples of exceptions are included in the measure language, value sets for these examples are developed and included in the eSpecifications. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details by data source are as follows: Documentation of medical reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes Documentation of patient reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes	Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Registry	http://www.qualityofcare.gov/OPS/OPS0089-DiabeticRetinopathyCommunicationwiththePhysicianManagingOngoingDiabetesCare	0089
73	Measure #299: Hypertension: Diabetes Mellitus Screening Test	Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within 36 months			Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care	All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed	Documentation of medical reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes			
74	Optimal Diabetes Care (Composite Measure)	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, blood pressure, statin use, tobacco non-use and daily aspirin or anti-platelet use for patients with diagnosis of ischemic vascular disease) with the intent of preventing or reducing future complications associated with poorly managed diabetes. Patients ages 18 - 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c less than 8.0, Blood Pressure less than 140 systolic and less than 90 diastolic, Statin use unless contraindications or exceptions, Tobacco-free (non-user) and for patients with diagnosis of ischemic vascular disease daily aspirin or antiplatelet use unless contraindicated. Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.	MN Community Measurement	Medicare Shared Savings Program, Physician Quality Reporting System (PQRS)	Patients ages 18 to 75 with diabetes who meet all of the following targets from the most recent visit during the measurement year: A1c less than 8.0, Blood Pressure less than 140/90, Statin Use if no contraindications/ exceptions, Tobacco non-user and Daily aspirin or anti-platelets for patients with diagnosis of ischemic vascular disease use unless contraindicated.	Patients ages 18 to 75 with diabetes who have at least two visits for this diagnosis in the last two years (established patient) with at least one visit in the last 12 months.	Valid exclusions include patients who only had one visit to the clinic with diabetes codes during the last two years, patients who were pregnant, died or were in hospice or palliative care, or a permanent resident of a nursing home during the measurement year.	Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records	http://www.qualityofcare.gov/OPS/OPS00729-OptimalDiabetesCare	0729

Count	Name	Description	Measure Steward	Federal Programs	Numerator definition	Denominator definition	Exclusions	Possible data sources/Data sources used	URL to additional measure definitions/specifications (reference URL)	NQF #
85	All or None Outcome Measure: Optimal Control (Chronic Care)				<ul style="list-style-type: none"> Most recent A1C is less than 8.0% . And Most recent BP is less than 140/90 mm Hg And Most recent tobacco status is Tobacco Free And NOTE: If there is No Documentation of Tobacco Status the patient is not compliant for this measure. <ul style="list-style-type: none"> Daily Aspirin or Other Antiplatelet for Diabetes Patients with the Diagnosis of Ischemic Vascular Disease Unless Contraindicated. NOTE: If there is no diagnosis of IVD, the patient is automatically numerator compliant for this measure And <ul style="list-style-type: none"> Statin Use NOTE: If the patient is less than age 40 and there is no diagnosis of IVD, the patient is automatically numerator compliant for this measure	Patients with diabetes 18-75 years of age and alive as of the last day of the MP. A minimum of two diabetes coded office visits and must be seen by a PCP / Endocrinologist for two office visits in 24 months and one office visit in 12 months. Gestational Diabetes (code 648.8) is excluded.				
86	Diabetes office visit	Patient(s) that had an office visit for diabetes care in last 6 reported months.	OptumInsight					Administrative claims		
87	Diabetes endocrinology consult	Patient(s) with evidence of specific diabetic complications that had endocrinology consultation in last 6 reported months.	OptumInsight					Administrative claims		
88	Diabetes insulin pump endocrinology consult	Patient(s) using an insulin pump that had endocrinology consultation in last 12 reported months.	OptumInsight					Administrative claims		
89	Diabetes disease management	Patient(s) with DM and CAD that are currently taking a statin.	OptumInsight					Administrative claims		
90	Diabetes with AMI taking beta blocker	Patient(s) with DM and a myocardial infarction in the past who are currently taking a beta-blocker.	OptumInsight					Administrative claims		
91										
92	Medicaid P4P Program	Comprehensive Diabetes Care – HbA1c Testing								
93	Medicaid P4P Program	Comprehensive Diabetes Care – LDL-C Screening								
Hypertension										
94	Controlling High Blood Pressure: Blood Pressure Control		WCHQ		Most recent Blood Pressure (BP) at an office visit encounter within the measurement period is controlled at less than 140/90 mmHG. If multiple BP's are performed on the same day, select the lowest reading.	Patients with uncomplicated essential hypertension 18-85 years of age and alive as of the last day of the measurement period. A minimum of two hypertension (HTN) coded office visits and must be seen by a PCP/Cardiologist for two office visits in 24 months and one office visit in 12 months. At least one diagnosis of HTN must be within the year prior to the measurement period or within the first six months of the MP to provide opportunity to establish control.	Patients with two diagnoses of diabetes or one diagnosis of CKD/ESRD or CHF within the prior 24 months OR those with a single, active ICD-9 based Problem List diagnosis are excluded from the denominator.		http://www.wchq.org/measure/documents/WCHQ_measure_es_10-2013.pdf	
95	Controlling High Blood Pressure	The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	National Committee for Quality Assurance		The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient's BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient's BP is adequately controlled, the representative BP must be identified.	Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year.	<p>Exclude all patients with evidence of end-stage renal disease (ESRD) on or prior to the end of the measurement year. Documentation in the medical record must include a related note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD.</p> <p>Exclude all patients with a diagnosis of pregnancy during the measurement year.</p> <p>Exclude all patients who had an admission to a nonacute inpatient setting during the measurement year.</p>	Administrative Electronic Clinical Data, Paper Medical Records	http://www.qualityofrun.org/OPS/QPSTool.aspx?PageState=1&227TabContentType=22%3A%2222axoonyID%22%3A%2222SelectedTypeHeaderOption%22%3A%22220%22%3A%2222FilterOptionLabel%22%3A%22220018%22%227ypeOfTypeHeaderOption%22%3A%2222Taxonomy%22%3A%2222FilterOptionLabel%22%3A%2222Keyword%22%3A%220018%22%229ges%22%3A%22225%22%22OrderType%22%3A%2222OrderBy%22%3A%2222ASC%22%22PageNo%22%3A1%22%22SortMethod%22%3AFalse%22QueryString%22%3A%2222%22%22ProjectActivityID%22%3A%2220%22%22FederalProgramYear%22%3A%2220%22%2222FilterTypes%22%3A1%22SearchCriteriaForPortfolio%22%3A%2222Tags%22%3A1%22FilterTypes%22%3A0%22PageStarIndex%22%3A1%22PageEndIndex%22%3A25%22PageNumber%22%3A1%22PageSize%22%3A%2225%22%22SortBy%22%3A%22Title%22%22SortOrder%22%3A%2222ASC%22%22ItemsToCompare%22%3A1%2222SelectStandardID%22%3A1%2222EntitlementID%22%3A1%22	0018

Count	Name	Description	Measure Steward	Federal Programs	Numerator definition	Denominator definition	Exclusions	Possible data sources/Data sources used	URL to additional measure definitions/specifications (reference URL)	NQF #
96	Hypertension: Blood Pressure Control	Percentage of patients aged 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mm Hg OR patients with a blood pressure >= 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12 month period	AMA-convended Physician Consortium for Performance Improvement		Patients with a blood pressure <140/90 mm Hg OR Patients with a blood pressure >= 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12-month period Instructions: Report number of patients for 1st numerator component (outcome) AND Report number of patients for 2nd numerator component (process) AND Report total number of patients for all numerator components	All visits for patients aged 18 years and older with a diagnosis of hypertension	Documentation of medical reason(s) for not prescribing 2 or more anti-hypertensive medications (eg, allergy, intolerant, postural hypotension) Documentation of patient reason(s) for not prescribing 2 or more anti-hypertensive medications (eg, patient declined) Documentation of system reason(s) for not prescribing 2 or more anti-hypertensive medications (eg, financial reasons)	Administrative claims, Electronic Clinical Data, Electronic Health Record, Paper Medical Records, Registry	http://www.qualityofcare.gov/ops/QPSTool.aspx?qsPageState=227&Type=223&A1=223TabContentType=223&A2=223&A3=223&A4=223&A5=223&A6=223&A7=223&A8=223&A9=223&A10=223&A11=223&A12=223&A13=223&A14=223&A15=223&A16=223&A17=223&A18=223&A19=223&A20=223&A21=223&A22=223&A23=223&A24=223&A25=223&A26=223&A27=223&A28=223&A29=223&A30=223&A31=223&A32=223&A33=223&A34=223&A35=223&A36=223&A37=223&A38=223&A39=223&A40=223&A41=223&A42=223&A43=223&A44=223&A45=223&A46=223&A47=223&A48=223&A49=223&A50=223&A51=223&A52=223&A53=223&A54=223&A55=223&A56=223&A57=223&A58=223&A59=223&A60=223&A61=223&A62=223&A63=223&A64=223&A65=223&A66=223&A67=223&A68=223&A69=223&A70=223&A71=223&A72=223&A73=223&A74=223&A75=223&A76=223&A77=223&A78=223&A79=223&A80=223&A81=223&A82=223&A83=223&A84=223&A85=223&A86=223&A87=223&A88=223&A89=223&A90=223&A91=223&A92=223&A93=223&A94=223&A95=223&A96=223&A97=223&A98=223&A99=223&A100=223	0013
97	Hypertension: Complete Lipid Profile	Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within 60 months	American Board of Internal Medicine		Patients who received at least one lipid profile (including total cholesterol, HDL-C, triglycerides and calculated LDL-C) within 60 months	Patient sample criteria for the Hypertension Measures Group are patients aged 18 through 90 years with a specific diagnosis of hypertension, and without a diagnosis of stage 5 chronic kidney disease (GFR of < 15ml/min per 1.72 m2 or end-stage kidney disease) accompanied by a specific patient encounter: Diagnosis for stage 5 chronic kidney disease (ICD-9-CM): 585.5, 585.6 Patients who have a terminal illness or for whom treatment of hypertension with standard treatment goals is not clinically appropriate should be excluded				
98		Adults who have been told they have high blood pressure	BRFSS							
99		Has a doctor or other health professional ever told you that you had high blood pressure/hypertension? How old were you when you were first told that you had high blood pressure/hypertension? How is your high blood pressure/hypertension currently treated? List all that apply. No treatment; Prescribed medicine; Weight control/loss; Exercise; Special diet; Other (specify)	SHOW							
100	Hypertension: Urine Protein Test	Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who either have chronic kidney disease diagnosis documented or had a urine protein test done within 36 months	American Board of Internal Medicine		Patients who either have chronic kidney disease diagnosis documented OR had a urine protein test done within 36 months	Patient sample criteria for the Hypertension Measures Group are patients aged 18 through 90 years with a specific diagnosis of hypertension, and without a diagnosis of stage 5 chronic kidney disease (GFR of < 15ml/min per 1.72 m2 or end-stage kidney disease) accompanied by a specific patient encounter. Exclusions: Diagnosis for stage 5 chronic kidney disease (ICD-9-CM): 585.5, 585.6 Patients who have a terminal illness or for whom treatment of hypertension with standard treatment goals is not clinically appropriate should be excluded.				
101	Hypertension medication adherence	Patient(s) compliant with prescribed ACE inhibitor-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
102	Hypertension medication adherence	Patient(s) compliant with prescribed angiotensin II receptor antagonist-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
103	Hypertension medication adherence	Patient(s) compliant with prescribed diuretic-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
104	Hypertension medication adherence	Patient(s) compliant with prescribed calcium channel blocker-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
105	Hypertension medication adherence	Patient(s) compliant with prescribed beta-blocker-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
106	Hypertension medication adherence	Patient(s) compliant with prescribed alpha-adrenergic blocker-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
107	Hypertension medication adherence	Patient(s) compliant with prescribed central alpha-adrenergic agonist-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
108	Hypertension medication adherence	Patient(s) compliant with prescribed direct vasodilator-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
109	Hypertension medication adherence	Patient(s) compliant with prescribed peripheral adrenergic neuron antagonist-containing medication (minimum compliance 80%).	OptumInsight						Administrative claims	
110	Hypertension patient safety, drug-related	Patient(s) taking an ACE inhibitor, angiotensin II receptor antagonist, diuretic, or aldosterone receptor antagonist-containing medication that had a serum potassium in last 12 reported months.	OptumInsight						Administrative claims	
111	Hypertension office visit	Patient(s) that had an annual physician visit.	OptumInsight						Administrative claims	

Count	Name	Description	Measure Steward	Federal Programs	Numerator definition	Denominator definition	Exclusions	Possible data sources/Data sources used	URL to additional measure definitions/specifications (reference URL)	NQF #
112	Hypertension medication adherence	Patient(s) compliant with prescribed aldosterone receptor antagonist-containing medication (minimum compliance 80%).	OptumInsight					Administrative claims		
113	Hypertension medication adherence	Patient(s) compliant with prescribed direct renin inhibitor (minimum compliance 80%).	OptumInsight					Administrative claims		
Other										
114		Count of members with diagnosis	WHIO; BRFSS; WCHQ; SHOW; WHAIC							
115		Rates of members with diagnosis	WHIO (likely WCHQ and WHAIC)							
116		Count of members with diagnosis by any/all of the following: payer; gender; race	WHIO, WHAIC, BRFSS							
117	Undiagnosed diabetes	An individual with undiagnosed diabetes is someone whose diabetes has not been diagnosed by a physician but whose plasma glucose levels satisfy established criteria for diabetes.)							http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80628/	
118	Body mass index									
119	Food desert	Access to fresh, healthy, affordable food	Departments of Agriculture, Treasury, and Health and Human Services			1. They qualify as "low-income communities", based on having: a) a poverty rate of 20 percent or greater, OR b) a median family income at or below 80 percent of the area median family income; AND 2. They qualify as "low-access communities", based on the determination that at least 500 persons and/or at least 33% of the census tract's population live more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).				