

**Notes For Crosswalk**

-  Concept not represented in Stage 2 NPRM
-  Concept not fully represented by similar measure in Stage 2 NPRM
-  Concept faithfully represented in Stage 2 NPRM

The following spreadsheet is a work product of the HIT Quality Measures Workgroup and not HHS official policy.  
The grid matches each Mar 2011 recommended measure concept to Feb 2012 NPRM Quality Measures for Stage 2.

**Crosswalk WG Rec to NPRM: Stage 2**

The following spreadsheet is a work product of the HIT Quality Measures Workgroup and not HHS official policy.

The grid matches each Mar 2011 recommended measure concept to Feb 2012 NPRM Quality Measures for Stage 2.

Domain	Subdomain	Meaningful Use Stage 2 Work Group Concept	Meaningful Use Stage 2	Meaningful Use Stage 2 NPRM Measure	Meaningful Use Stage 2 Measure Status	Notes for Crosswalk
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Asthma Medication Ratio: Percentage of members who were identified as having persistent asthma and had a ratio of controller medications to total asthma	NQF 0036	Title: Use of Appropriate Medications for Asthma Description: Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	Appeared in MU 1. NQF Endorsed; undergoing maintenance; Steering Committee to meet March for initial discussion; last NQF update August 2009. Menu measure	Concept not fully represented by similar measure in Stage 2 NPRM
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Asthma Medication Ratio: Percentage of members who were identified as having persistent asthma and had a ratio of controller medications to total asthma	NQF 0047	Title: Asthma Pharmacologic Therapy for Persistent Asthma Description: Percentage of patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication.	Appeared in MU 1. NQF Endorsed; undergoing maintenance; last update August 2009. Menu measure.	Concept not fully represented by similar measure in Stage 2 NPRM
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Lipid control using Framingham risk score	TBD	Title: Preventive Care and Screening: Cholesterol -- Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL Description: Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed. Percentage of patients aged 20 through 79 years who had a fasting LDL test performed and whose risk-stratified* fasting LDL is at or below the recommended LDL goal.	Did not appear in MU 1. Not NQF Endorsed. Not MAP supported. Core Measure. Testing to be complete by June 2012. Core measure.	Concept faithfully respresented in Stage 2 NPRM
Clinical Appropriateness/Efficiency	Efficient Use of Facilities					
Clinical Appropriateness/Efficiency	Efficient Use of Facilities					
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Lower Back Pain: Measure repeat imaging studies (extend beyond Medicare)	NQF 0312	Title: Lower Back Pain: Repeat Imaging Studies Description: Percentage of patients with back pain who received inappropriate imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better).	Did not appear in MU1. NQF Endorsed. Most recent endorsement update 2007. Menu measure. MAP Supported. Menu measure	Concept faithfully respresented in Stage 2 NPRM
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury	-	-	-	Concept not represented in Stage 2 NPRM
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Pulmonary CT Imaging for Pulmonary Embolism	NQF 0513	Title: Thorax CT: Use of Contrast Material Description: This measure calculates the percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both).	Did not appear in MU1. NQF Endorsed. Most recent update October 2008. Menu measure. MAP Supported. Menu measure.	Concept not fully represented by similar measure in Stage 2 NPRM
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Cardiac Imaging appropriateness measures (pre-op evaluation for low-risk surgeries, for routine screening, for non-cardiac low-risk surgeries)	-	-	-	Concept not represented in Stage 2 NPRM
Population & Public Health	Healthy Lifestyle Behaviors	Measure of alcohol screening using a validated instrument, including documentation of a brief intervention	NQF 0110	Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Did not appear in MU1. NQF Endorsed; last update August 2009. MAP supported. Menu measure.	Concept not fully represented by similar measure in Stage 2 NPRM
Population & Public Health	Healthy Lifestyle Behaviors	Measure of alcohol screening using a validated instrument, including documentation of a brief intervention	NQF 0421	Title: Adult Weight Screening and Follow-Up Description: Percentage of patients aged 18 years and older with a calculated body mass index (BMI) in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented. Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18-64 years BMI ≥ 18.5 and < 25	Appeared in MU1. NQF Endorsed; last update July 2008. Not MAP reviewed. Menu measure	Concept not fully represented by similar measure in Stage 2 NPRM
Population & Public Health	Effective Preventative Services	Measure of depression screening using a validated instrument, including documentation of a follow-up plan	NQF 0418	Title: Screening for Clinical Depression Description: Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow up plan documented.	Did not appear in MU1. NQF Endorsed; last update July 2008. Strong Support by MAP. Core measure	Concept faithfully respresented in Stage 2 NPRM
Population & Public Health	Effective Preventative Services	Measure assessing patients with undiagnosed hypertension using a calculated algorithm	-	-	-	Concept not represented in Stage 2 NPRM
Population & Public Health	Effective Preventative Services	Measure of longitudinal assessment of blood glucose control	-	-	-	Concept not represented in Stage 2 NPRM
Population & Public Health	Health Equity					
Population & Public Health	Health Equity					
Patient & Family Engagement	Patient Health Outcomes	Measure assessing the percent of qualifying patients that complete a health risk or health status assessment for 10 priority conditions that are sensitive to functional or symptom improvement	-	-	-	Concept not represented in Stage 2 NPRM

Domain	Subdomain	Meaningful Use Stage 2 Work Group Concept	Meaningful Use Stage 2	Meaningful Use Stage 2 NPRM Measure	Meaningful Use Stage 2 Measure Status	Notes for Crosswalk
Patient & Family Engagement	Patient Health Outcomes	Measure assessing functional status (for 10 priority conditions sensitive to functional or symptom improvement)	ONC104A	Title: Functional status assessment for knee replacement Description: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.	Did not appear in MU1. Not NQF Endorsed. Not MAP Supported. Feasibility Testing scheduled for June 2012. Menu Measure.	Concept faithfully respresented in Stage 2 NPRM
Patient & Family Engagement	Patient Health Outcomes	Measure assessing functional status (for 10 priority conditions sensitive to functional or symptom improvement)	ONC 104B	Title: Functional status assessment for hip replacement Description: Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.	Did not appear in MU1. Not NQF Endorsed. Not MAP Supported. Feasibility Testing scheduled for June 2012. Menu Measure.	Concept faithfully respresented in Stage 2 NPRM
Patient & Family Engagement	Patient Health Outcomes	Measure assessing functional status (for 10 priority conditions sensitive to functional or symptom improvement)	ONC 106	Title: Functional status assessment for complex chronic conditions Description: Percentage of patients aged 65 years and older with heart failure and two or more high impact conditions who completed initial and follow-up (patient-reported) functional status assessments.	Did not appear in MU1. Not NQF Endorsed. Not MAP Supported. Feasibility Testing scheduled for June 2012. Core Measure.	Concept faithfully respresented in Stage 2 NPRM
Patient & Family Engagement	Self-Management/Activation	Measure assessing the experience of care provided by a practice using a composite survey tool	-	-	-	Concept not represented in Stage 2 NPRM
Patient & Family Engagement	Patient Health Outcomes, Experience & Self-Management/Activation					
Patient & Family Engagement	Patient Health Outcomes, Experience & Self-Management/Activation					
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making					
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making					
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making					
Care Coordination	Effective Care Planning	Measure of self-management plan for patients with leading conditions	-	-	-	Concept not represented in Stage 2 NPRM
Care Coordination	Effective Care Planning	Measure of a documented advance care plan	-	-	-	Concept not represented in Stage 2 NPRM
Care Coordination	Care Transitions	Measure of medication reconciliation after any care transition	NQF 0097	Title: Medication Reconciliation Description: Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented.	Did not appear in MU1. NQF Endorsed. Strong Support from MAP. Core measure	Concept faithfully respresented in Stage 2 NPRM
Care Coordination	Care Transitions	Measure of patient and family experience across a care transition	-	-	-	Concept not represented in Stage 2 NPRM
Care Coordination	Care Transitions	Composite measures assessing closing the "referral loop"	ONC 110	Title: Closing the referral loop: receipt of specialist report Description: Percentage of patients regardless of age with a referral from a primary care provider for whom a report from the provider to whom the patient was referred was received by the referring provider.	Did not appear in MU1. Neither NQF endorsed nor MAP supported. Feasibility testing to be completed by June 2012. Core Measure.	Concept not fully represented by similar measure in Stage 2 NPRM
Care Coordination	Appropriate & Timely Follow Up					
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure of medication monitoring for patients on chronic medications	ONC 111	Title: Adverse Drug Event (ADE) Prevention: Outpatient therapeutic drug monitoring Description: Percentage of patients 18 years of age and older receiving outpatient chronic medication therapy who had the appropriate therapeutic drug monitoring during the measurement year.	Did not appear in MU1. Neither NQF endorsed nor MAP supported. Feasibility testing to be completed by June 2012. Core Measure.	Concept faithfully respresented in Stage 2 NPRM
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure of adverse drug event reporting				Concept not represented in Stage 2 NPRM
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure of medication-disease or condition interactions in the elderly	NQF 0022	Title: Use of High-Risk Medications in the Elderly Description: Percentage of patients ages 65 years and older who received at least one high-risk medication. Percentage of patients 65 years of age and older who received at least two different high-risk medications.	Did not appear in MU1. NQF endorsed and undergoing maintenance last update August 2009. Support from MAP. Core Measure	Concept not fully represented by similar measure in Stage 2 NPRM

Domain	Subdomain	Meaningful Use Stage 2 Work Group Concept	Meaningful Use Stage 2	Meaningful Use Stage 2 NPRM Measure	Meaningful Use Stage 2 Measure Status	Notes for Crosswalk
<b>Patient Safety</b>	Falls Prevention	Measure of falls screening	NQF 0101	Title: Falls: Risk Assessment for Falls Description: Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	Did not appear in MU1. NQF endorsed. last update 2007. Support from MAP. Core Measure	Concept faithfully respresented in Stage 2 NPRM
<b>Patient Safety</b>	Hospital Associated Conditions					
<b>Patient Safety</b>	EHR Safety					
<b>Patient Safety</b>	EHR Safety					

**Crosswalk WG Rec to NPRM: Stage 3**

The following spreadsheet is a work product of the HIT Quality Measures Workgroup and not HHS official policy.

The grid matches each Mar 2011 recommended measure concept to Feb 2012 NPRM Quality Measures for Stage 2.

Domain	Subdomain	Meaningful Use Stage 3 Work Group Concept	Meaningful Use Stage 3	Meaningful Use Stage 3 NPRM Measure	Meaningful Use Stage 3 Measure Status	Notes for Crosswalk
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Global Cardiovascular Risk Outcomes Measure-index of the risk reduction under current treatment relative to the treatment received to achieve a score of 100% on the relevant HEDIS measures (risk assessment using Archimedes model)	-	-	-	
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Global Cardiovascular Risk Outcomes Measure-index of the risk reduction under current treatment relative to the treatment received to achieve a score of 100% on the relevant HEDIS measures (risk assessment using Archimedes model)	-	-	-	
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Global Cardiovascular Risk Outcomes Measure-index of the risk reduction under current treatment relative to the treatment received to achieve a score of 100% on the relevant HEDIS measures (risk assessment using Archimedes model)	-	-	-	
Clinical Appropriateness/Efficiency	Efficient Use of Facilities	Preventable ED visits (assessing 72 hour return to ED)	-	-	-	
Clinical Appropriateness/Efficiency	Efficient Use of Facilities	All Cause Readmission measure (pending methodological issues of data sources are resolved)	-	-	-	
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	...	...	...	...	
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	...	...	...	...	
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	...	...	...	...	
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	...	...	...	...	
Population & Public Health	Healthy Lifestyle Behaviors	Measure assessing appropriate diagnosis and documentation of referral for alcohol dependence	NQF 0004	Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement Description: The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Appeared in MU1. NQF Endorsed. Not MAP reviewed.	Concept not fully represented by similar measure in Stage 2 NPRM
Population & Public Health	Healthy Lifestyle Behaviors	Measure tracking longitudinal change of tobacco use	-	-	-	
Population & Public Health	Effective Preventative Services	Measure tracking longitudinal assessment of blood pressure	ONC 103	Title: Hypertension: Improvement in blood pressure Description: Percentage of patients aged 18 years and older with hypertension whose blood pressure improved during the measurement period.	Did not appear in MU1. Not MAP supported. Feasibility testing scheduled June 2012.	Concept faithfully respresented in Stage 2 NPRM
Population & Public Health	Effective Preventative Services	Measure tracking longitudinal change of depression	NQF 0710	Title: Depression Remission at Twelve Months Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Did not appear in MU1. Strong support from MAP. Feasibility testing complete by June 2012.	Concept not fully represented by similar measure in Stage 2 NPRM
Population & Public Health	Effective Preventative Services	Measure tracking longitudinal change of depression	NQF 0711	Title: Depression Remission at Six Months Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Did not appear in MU1. Strong support from MAP. Feasibility testing complete by June 2012.	Concept not fully represented by similar measure in Stage 2 NPRM
Population & Public Health	Health Equity	Measure of HIV screening based on current recommended guidelines	-	-	-	

Domain	Subdomain	Meaningful Use Stage 3 Work Group Concept	Meaningful Use Stage 3	Meaningful Use Stage 3 NPRM Measure	Meaningful Use Stage 3 Measure Status	Notes for Crosswalk
Population & Public Health	Health Equity	Measure assessing clinical quality measures (to be determined) stratified by pertinent patient demographic fields applicable to addressing health disparities	-	-	-	
Patient & Family Engagement	Patient Health Outcomes	...	...	...	...	
Patient & Family Engagement	Patient Health Outcomes	...	...	...	...	
Patient & Family Engagement	Patient Health Outcomes	...	...	...	...	
Patient & Family Engagement	Patient Health Outcomes	...	...	...	...	
Patient & Family Engagement	Self-Management/Activation	...	...	...	...	
Patient & Family Engagement	Patient Health Outcomes, Experience & Self-Management/Activation	Composite measure incorporating health risk, functional status assessments, & patient experience of care, including:	ONC 106	Title: Functional status assessment for complex chronic conditions Description: Percentage of patients aged 65 years and older with heart failure and two or more high impact conditions who completed initial and follow-up (patient-reported) functional status assessments.	Did not appear in MU1. Not NQF Endorsed. Not MAP Supported. Feasibility Testing scheduled for June 2012. Core Measure.	Concept not fully represented by similar measure in Stage 2 NPRM
Patient & Family Engagement	Patient Health Outcomes, Experience & Self-Management/Activation	Improvement in Functional Status	-	-	-	
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making	Measure assessing the percent of surgery patients 18+ for any of a selected set of conditions who were provided or offered a Patient Decision Aid prior to their surgical decision	-	-	-	
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making	Measure assessing the use of shared decision making materials for patients with specific conditions	-	-	-	
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making	Measure assessing provider decision quality	-	-	-	
Care Coordination	Effective Care Planning	Measure assessing the presence of a completed comprehensive care plan	TBD	Four measures (Urinary Incontinence plan; Diabetic Foot Care, Falls Plan and Adult Kidney Disease ) require a plan of care to documented, however there is no single measure to address a comprehensive care plan.	Varies	Concept not fully represented by similar measure in Stage 2 NPRM
Care Coordination	Effective Care Planning	Measure assessing the presence of a completed comprehensive care plan	TBD	Four measures (Urinary Incontinence plan; Diabetic Foot Care, Falls Plan and Adult Kidney Disease ) require a plan of care to documented, however there is no single measure to address a comprehensive care plan.	Varies	Concept not fully represented by similar measure in Stage 2 NPRM
Care Coordination	Care Transitions	...	...	...	...	
Care Coordination	Care Transitions	...	...	...	...	
Care Coordination	Care Transitions	...	...	...	...	
Care Coordination	Appropriate & Timely Follow Up	Measure assessing timeliness of and appropriate response by the provider to clinical information	-	-	-	
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure assessing high impact medication-disease, medication-lab and medication-medication interactions	-	-	-	
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure assessing high impact medication-disease, medication-lab and medication-medication interactions	-	-	-	
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure assessing high impact medication-disease, medication-lab and medication-medication interactions	-	-	-	
Patient Safety	Falls Prevention	...	...	...	...	

Domain	Subdomain	Meaningful Use Stage 3 Work Group Concept	Meaningful Use Stage 3	Meaningful Use Stage 3 NPRM Measure	Meaningful Use Stage 3 Measure Status	Notes for Crosswalk
<b>Patient Safety</b>	Hospital Associated Conditions	Measure of pressure ulcers	TBD	Title: Chronic Wound Care: Use of wet to dry dressings in patients with chronic skin ulcers (overuse measure) Description: Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer <u>without</u> a prescription or recommendation to use wet to dry dressings.	Did not appear in MU1. Not NQF Endorsed. Not MAP Supported. Feasibility Testing scheduled for June 2012. Menu Measure.	Concept not fully represented by similar measure in Stage 2 NPRM
<b>Patient Safety</b>	EHR Safety	Measure of patient identification	-	-	-	
<b>Patient Safety</b>	EHR Safety	Measure of EHR-associated hazards	-	-	-	

**March 2011 Rec Concepts**

The following spreadsheet is a work product of the HIT Quality Measures Workgroup and not HHS official policy.

The grid matches each Mar 2011 recommended measure concept to Feb 2012 NPRM Quality Measures for Stage 2.

Domain	Subdomain	Measure Concept Stage 2	Measure Concept Stage 3
Clinical Appropriateness/Efficiency	Efficient Use of Facilities	***	Preventable ED visits (assessing 72 hour return to ED)
Clinical Appropriateness/Efficiency	Efficient Use of Facilities	***	All Cause Readmission measure (pending methodological issues of data sources are resolved)
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Asthma Medication Ratio: Percentage of members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications	Global Cardiovascular Risk Outcomes Measure-index of the risk reduction under current treatment relative to the treatment received to achieve a score of 100% on the relevant HEDIS measures (risk assessment using Archimedes model)
Clinical Appropriateness/Efficiency	Assessment of Appropriate Medication & Treatment	Lipid control using Framingham risk score	Global Cardiovascular Risk Outcomes Measure-index of the risk reduction under current treatment relative to the treatment received to achieve a score of 100% on the relevant HEDIS measures (risk assessment using Archimedes model)
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Lower Back Pain: Measure repeat imaging studies (extend beyond Medicare)	***
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury	***
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Pulmonary CT Imaging for Pulmonary Embolism	***
Clinical Appropriateness/Efficiency	Efficient Use of Diagnostic Tests	Cardiac Imaging appropriateness measures (pre-op evaluation for low-risk surgeries, for routine screening, for non-cardiac low-risk surgeries)	***
Population & Public Health	Healthy Lifestyle Behaviors	Measure of alcohol screening using a validated instrument, including documentation of a brief intervention	Measure assessing appropriate diagnosis and documentation of referral for alcohol dependence
Population & Public Health	Healthy Lifestyle Behaviors	Measure tracking longitudinal change of individual patient BMI	Measure tracking longitudinal change of tobacco use
Population & Public Health	Effective Preventative Services	Measure of depression screening using a validated instrument, including documentation of a follow-up plan	Measure tracking longitudinal assessment of blood pressure
Population & Public Health	Effective Preventative Services	Measure assessing patients with undiagnosed hypertension using a calculated algorithm	Measure tracking longitudinal change of depression
Population & Public Health	Effective Preventative Services	Measure of longitudinal assessment of blood glucose control	Measure of HIV screening based on current recommended guidelines
Population & Public Health	Health Equity	***	Measure assessing clinical quality measures (to be determined) stratified by pertinent patient demographic fields applicable to addressing health disparities
Patient & Family Engagement	Patient Health Outcomes	Measure assessing the percent of qualifying patients that complete a health risk or health status assessment for 10 priority conditions that are sensitive to functional or symptom improvement	***

Domain	Subdomain	Measure Concept Stage 2	Measure Concept Stage 3
Patient & Family Engagement	Patient Health Outcomes	Measure assessing functional status (for 10 priority conditions sensitive to functional or symptom improvement)	***
Patient & Family Engagement	Self-Management/Activation	Measure assessing the experience of care provided by a practice using a composite survey tool	***
Patient & Family Engagement	Patient Health Outcomes, Experience & Self-Management/Activation	***	Composite measure incorporating health risk, functional status assessments, & patient experience of care, including: Measures assessing patient experiences that is broadly applicable to hospitals & physicians Measure assessing patient activation & self-management tied to specific conditions
Patient & Family Engagement	Patient Health Outcomes, Experience & Self-Management/Activation	***	Improvement in Functional Status
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making	***	Measure assessing the percent of surgery patients 18+ for any of a selected set of conditions who were provided or offered a Patient Decision Aid prior to their surgical decision
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making	***	Measure assessing the use of shared decision making materials for patients with specific conditions
Patient & Family Engagement	Honoring Patient Preferences & Shared Decision Making	***	Measure assessing provider decision quality
Care Coordination	Effective Care Planning	Measure of self-management plan for patients with leading conditions	Measure assessing the presence of a completed comprehensive care plan
Care Coordination	Effective Care Planning	Measure of a documented advance care plan	
Care Coordination	Care Transitions	Measure of medication reconciliation after any care transition	***
Care Coordination	Care Transitions	Measure of patient and family experience across a care transition	***
Care Coordination	Care Transitions	Composite measures assessing closing the "referral loop"	***
Care Coordination	Appropriate & Timely Follow Up	***	Measure assessing timeliness of and appropriate response by the provider to clinical information
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure of medication monitoring for patients on chronic medications	Measure assessing high impact medication-disease, medication-lab and medication-medication interactions
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure of medication-disease or condition interactions in the elderly	Measure assessing high impact medication-disease, medication-lab and medication-medication interactions
Patient Safety	Adverse Drug Event (ADE) Monitoring & Prevention	Measure of adverse drug event reporting	Measure assessing high impact medication-disease, medication-lab and medication-medication interactions
Patient Safety	Falls Prevention	Measure of falls screening	***
Patient Safety	Hospital Associated Conditions	***	Measure of pressure ulcers
Patient Safety	EHR Safety	***	Measure of patient identification
Patient Safety	EHR Safety	***	Measure of EHR-associated hazards

**Crosswalk NPRM EP QM to Recs**

The following spreadsheet is a work product of the HIT Quality Measures Workgroup and not HHS official policy.

The grid matches each Mar 2011 recommended measure concept to Feb 2012 NPRM Quality Measures for Stage 2.

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0001	<b>Title:</b> Asthma: Assessment of Asthma Control <b>Description:</b> Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated at least once for asthma control (comprising asthma impairment and asthma risk).	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0004	<b>Title:</b> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement <b>Description:</b> The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0018	<b>Title:</b> Controlling High Blood Pressure <b>Description:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0031	<b>Title:</b> Breast Cancer Screening <b>Description:</b> Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0032	<b>Title:</b> Cervical Cancer Screening <b>Description:</b> Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
<b>Clinical Appropriateness/Efficiency</b>	NQF 0034	<b>Title:</b> Colorectal Cancer Screening <b>Description:</b> Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0036	<b>Title:</b> Use of Appropriate Medications for Asthma <b>Description:</b> Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0043	<b>Title:</b> Pneumonia Vaccination Status for Older Adults <b>Description:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0046	<b>Title:</b> Osteoporosis: Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older <b>Description:</b> Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months.	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0047	<b>Title:</b> Asthma Pharmacologic Therapy for Persistent Asthma <b>Description:</b> Percentage of patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication.	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0048	<b>Title:</b> Osteoporosis: Management Following Fracture of Hip, Spine or Distal radius for Men and Women Aged 50 Years and Older <b>Description:</b> Percentage of patients aged 50 years or older with fracture of the hip, spine or distal radius that had a central dual-energy X-ray absorptiometry measurement ordered or performed or pharmacologic therapy prescribed.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0051	<b>Title:</b> Osteoarthritis (OA): assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications <b>Description:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0055	<b>Title:</b> Diabetes: Eye Exam <b>Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0056	<b>Title:</b> Diabetes: Foot Exam <b>Description:</b> The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0059	<b>Title:</b> Diabetes: Hemoglobin A1c Poor Control <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0060	<b>Title:</b> Hemoglobin A1c Test for Pediatric Patients <b>Description:</b> Percentage of pediatric patients with diabetes with a HbA1c test in a 12-month measurement period.	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0061	<b>Title:</b> Diabetes: Blood Pressure Management <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0062	<b>Title:</b> Diabetes: Urine Screening <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0064	<b>Title:</b> Diabetes: Low Density Lipoprotein (LDL) Management and Control <b>Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0066	<b>Title:</b> Coronary Artery Disease (CAD): Angiotensin-converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%) <b>Description:</b> 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.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0067	<b>Title:</b> Coronary Artery Disease (CAD): Antiplatelet Therapy <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel.	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
<b>Clinical Appropriateness/Efficiency</b>	NQF 0068	<p><b>Title:</b> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</p> <p><b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0070	<p><b>Title:</b> Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%)</p> <p><b>Description:</b> 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 &lt;40% who were prescribed beta-blocker therapy.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0073	<p><b>Title:</b> Ischemic Vascular Disease (IVD): Blood Pressure Management</p> <p><b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (&lt;140/90 mmHg).</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0074	<p><b>Title:</b> Coronary Artery Disease (CAD): Lipid Control</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result &lt;100 mg/dL OR patients who have a LDL-C result ≥100 mg/dL and have a documented plan of care to achieve LDL-C &lt;100mg/dL, including at a minimum the prescription of a statin.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0075	<p><b>Title:</b> Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control</p> <p><b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C&lt;100 mg/dL.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0081	<p><b>Title:</b> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>Description:</b> 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) &lt; 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.</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0083	<p><b>Title:</b> Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>Description:</b> 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) &lt; 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0086	<p><b>Title:</b> Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0088	<p><b>Title:</b> Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0089	<p><b>Title:</b> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</p> <p><b>Description:</b> 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.</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
<b>Clinical Appropriateness/Efficiency</b>	NQF 0098	<p><b>Title:</b> Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Age 65 Years and Older</p> <p><b>Description:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0102	<p><b>Title:</b> Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0103	<p><b>Title:</b> Major Depressive Disorder (MDD): Diagnostic Evaluation</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0104	<p><b>Title:</b> Major Depressive Disorder (MDD): Suicide Risk Assessment</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0105	<p><b>Title:</b> Anti-depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment</p> <p><b>Description:</b> The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
<b>Clinical Appropriateness/Efficiency</b>	NQF 0107	<p><b>Title:</b> Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</p> <p><b>Description:</b> Percentage of patients treated with psychostimulant medication for the diagnosis of ADHD whose medical record contains documentation of a follow-up visit at least twice a year.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0108	<p><b>Title:</b> ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</p> <p><b>Description:</b> (a) Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>(b) Continuation and Maintenance (C&amp;M) Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0110	<p><b>Title:</b> Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</p> <p><b>Description:</b> Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
<b>Clinical Appropriateness/Efficiency</b>	NQF 0112	<p><b>Title:</b> Bipolar Disorder: Monitoring change in level-of-functioning</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with an initial diagnosis or new episode/presentation of bipolar disorder.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	Formerly NQF 0246, no longer endorsed	<p><b>Title:</b> Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports</p> <p><b>Description:</b> Percentage of final reports for CT or MRI studies of the brain performed either:</p> <ul style="list-style-type: none"> <li>• In the hospital within 24 hours of arrival, OR</li> <li>• In an outpatient imaging center to confirm initial diagnosis of stroke, transient ischemic attack (TIA) or intracranial hemorrhage.</li> </ul> <p>For patients aged 18 years and older with either a diagnosis of ischemic stroke, TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke, TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage, mass lesion and acute infarction.</p>	Clinical Process/ Effectiveness
<b>Clinical Appropriateness/Efficiency</b>	NQF 0385	<p><b>Title:</b> Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0387	<b>Title:</b> Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer <b>Description:</b> Percentage of female patients aged 18 years and older with Stage IC through IIIc, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0401	<b>Title:</b> Hepatitis C: Counseling Regarding Risk of Alcohol Consumption <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12 months.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0403	<b>Title:</b> Medical Visits <b>Description:</b> Percentage of patients regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit in each 6 month period with a minimum of 60 days between each visit.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0405	<b>Title:</b> Pneumocystis jiroveci pneumonia (PCP) Prophylaxis <b>Description:</b> Percentage of patients with HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0406	<b>Title:</b> Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy <b>Description:</b> Percentage of patients who were prescribed potent antiretroviral therapy.	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0407	<p><b>Title:</b> HIV RNA control after six months of potent antiretroviral therapy</p> <p><b>Description:</b> Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days between each visit, who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy OR whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and has a documented plan of care.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0507	<p><b>Title:</b> Radiology: Stenosis Measurement in Carotid Imaging Studies</p> <p><b>Description:</b> Percentage of final reports for all patients, regardless of age, for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computer tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0565	<p><b>Title:</b> Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</p> <p><b>Description:</b> 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.</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0575	<b>Title:</b> Diabetes: Hemoglobin A1c Control (<8.0%) <b>Description:</b> The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0608	<b>Title:</b> Pregnant women that had HBsAg testing <b>Description:</b> This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0710	<b>Title:</b> Depression Remission at Twelve Months <b>Description:</b> Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0711	<b>Title:</b> Depression Remission at Six Months <b>Description:</b> Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0712	<b>Title:</b> Depression Utilization of the PHQ-9 Tool <b>Description:</b> Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 1335	<b>Title:</b> Children who have dental decay or cavities <b>Description:</b> Assesses if children aged 1-17 have had tooth decay or cavities in the past 6 months.	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 1419	<p><b>Title:</b> Primary Caries Prevention Intervention of Part of Well/III Child Care as Offered by Primary Care Medical Providers</p> <p><b>Description:</b> The measure will a) track the extent to which the PCMP or clinic (determined by the provider number used for billing) applies FV as part of the EPSDT examination and b) track the degree to which each billing entity's use of the EPSDT with FV codes increases from year to year (more children varnished and more children receiving FV four times a year according to ADA recommendations for high-risk children).</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 1525	<p><b>Title:</b> Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</p> <p><b>Description:</b> Percentage of patients aged 18 and older with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification, who were prescribed warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism during the 12-month reporting period.</p>	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	TBD	<p><b>Title:</b> Preventive Care and Screening: Cholesterol -- Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL</p> <p><b>Description:</b> Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed. Percentage of patients aged 20 through 79 years who had a fasting LDL test performed and whose risk-stratified* fasting LDL is at or below the recommended LDL goal.</p>	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	TBD	<b>Title:</b> Adult Kidney Disease: Blood Pressure Management <b>Description:</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5 not receiving RRT) and proteinuria with a blood pressure <130/80 mm/Hg or ≥130/80 mmHg with a documented plan of care.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	TBD	<b>Title:</b> Dementia: Staging of Dementia <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate, or severe at least once within a 12-month period.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	TBD	<b>Title:</b> Dementia: Cognitive Assessment <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	TBD	<b>Title:</b> Glaucoma Screening in Older Adults <b>Description:</b> Percentage of patients 65 years and older, without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam by an eye-care professional for early identification of glaucomatous conditions.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	TBD	<b>Title:</b> Hypertension: Improvement in blood pressure <b>Description:</b> Percentage of patients aged 18 years and older with hypertension whose blood pressure improved during the measurement period.	Clinical Process/ Effectiveness

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	TBD	<b>Title:</b> Hypertension: Blood Pressure Management <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of hypertension seen within a 12 month period with a blood pressure <140/90 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.	Clinical Process/ Effectiveness
Clinical Appropriateness/Efficiency	NQF 0002	<b>Title:</b> Appropriate Testing for Children with Pharyngitis <b>Description:</b> Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	NQF 0052	<b>Title:</b> Use of Imaging Studies for Low Back Pain <b>Description:</b> Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	NQF 0058	<b>Title:</b> Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis <b>Description:</b> Percentage of adults ages 18 through 64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within 3 days of the initial date of service.	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	NQF 0069	<b>Title:</b> Appropriate Treatment for Children with Upper Respiratory Infection (URI) <b>Description:</b> Percentage of children who were given a diagnosis of URI and were not dispensed an antibiotic prescription on or three days after the episode date.	Efficient Use of Healthcare Resources

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0312	<b>Title:</b> Lower Back Pain: Repeat Imaging Studies <b>Description:</b> Percentage of patients with back pain who received inappropriate imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better).	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	NQF 0322	<b>Title:</b> Back Pain: Initial Visit <b>Description:</b> The percentage of patients with a diagnosis of back pain who have medical record documentation of all of the following on the date of the initial visit to the physician. 1. Pain assessment 2. Functional status 3. Patient history, including notation of presence or absence of "red flags" 4. Assessment of prior treatment and response, and 5. Employment status	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	NQF 0389	<b>Title:</b> Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did <u>not</u> have a bone scan performed at any time since diagnosis of prostate cancer.	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	NQF 0508	<b>Title:</b> Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening <b>Description:</b> Percentage of final reports for screening mammograms that are classified as "probably benign."	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	NQF 0513	<b>Title:</b> Thorax CT: Use of Contrast Material <b>Description:</b> This measure calculates the percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both).	Efficient Use of Healthcare Resources

Domain	Measure	Measure Description	NPRM Domain
Clinical Appropriateness/Efficiency	NQF 0562	<p><b>Title:</b> Melanoma: Overutilization of Imaging Studies in Melanoma</p> <p><b>Description:</b> Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.</p>	Efficient Use of Healthcare Resources
Clinical Appropriateness/Efficiency	TBD	<p><b>Title:</b> Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA) -Hemoglobin Level &gt; 12.0 g/dL</p> <p><b>Description:</b> Percentage of calendar months within a 12-month period during which a hemoglobin (Hgb) level is measured for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) or end-stage renal disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy have a hemoglobin (Hgb) level &gt; 12.0 g/dL.</p>	Efficient Use of Healthcare Resources
Population & Public Health	NQF 0012	<p><b>Title:</b> Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)</p> <p><b>Description:</b> Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.</p>	Population/Public Health
Population & Public Health	NQF 0024	<p><b>Title:</b> Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</p> <p><b>Description:</b> Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.</p>	Population/Public Health

Domain	Measure	Measure Description	NPRM Domain
Population & Public Health	NQF 0028	<b>Title:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention <b>Description:</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Population/Public Health
Population & Public Health	NQF 0033	<b>Title:</b> Chlamydia Screening in Women <b>Description:</b> Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Population/Public Health
Population & Public Health	NQF 0038	<b>Title:</b> Childhood Immunization Status <b>Description:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Population/Public Health
Population & Public Health	NQF 0041	<b>Title:</b> Preventive Care and Screening: Influenza Immunization <b>Description:</b> 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.	Population/Public Health
Population & Public Health	NQF 0399	<b>Title:</b> Hepatitis C: Hepatitis A Vaccination in Patients with HCV <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A.	Population/Public Health

Domain	Measure	Measure Description	NPRM Domain
Population & Public Health	NQF 0400	<b>Title:</b> Hepatitis C: Hepatitis B Vaccination in Patients with HCV <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who have received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B.	Population/Public Health
Population & Public Health	NQF 0418	<b>Title:</b> Screening for Clinical Depression <b>Description:</b> Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow up plan documented.	Population/Public Health
Population & Public Health	NQF 0421	<b>Title:</b> Adult Weight Screening and Follow-Up <b>Description:</b> Percentage of patients aged 18 years and older with a calculated body mass index (BMI) in the past six months or during the current visit documented in the medical record AND if the most recent BMI is <u>outside</u> of normal parameters, a follow-up plan is documented. Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18-64 years BMI ≥ 18.5 and < 25	Population/Public Health
Population & Public Health	NQF 1401	<b>Title:</b> Maternal depression screening <b>Description:</b> The percentage of children who turned 6 months of age during the measurement year who had documentation of a maternal depression screening for the mother.	Population/Public Health
Population & Public Health	TBD	<b>Title:</b> Preventive Care and Screening: Screening for High Blood Pressure <b>Description:</b> Percentage of patients aged 18 years and older who are screened for high blood pressure.	Population/Public Health
Patient & Family Engagement	NQF 0050	<b>Title:</b> Osteoarthritis (OA): Function and Pain Assessment <b>Description:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain.	Patient and Family Engagement

Domain	Measure	Measure Description	NPRM Domain
Patient & Family Engagement	NQF 0100	<b>Title:</b> Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older <b>Description:</b> 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.	Patient and Family Engagement
Patient & Family Engagement	NQF 0383	<b>Title:</b> Oncology: Measure Pair: Oncology: Medical and Radiation - Plan of Care for Pain <b>Description:</b> Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	Patient and Family Engagement
Patient & Family Engagement	NQF 0384	<b>Title:</b> Oncology: Measure Pair: Oncology: Medical and Radiation – Pain Intensity Quantified <b>Description:</b> Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	Patient and Family Engagement
Patient & Family Engagement	TBD	<b>Title:</b> Dementia: Functional Status Assessment <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12-month period.	Patient and Family Engagement
Patient & Family Engagement	TBD	<b>Title:</b> Dementia: Counseling Regarding Safety Concerns <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period.	Patient and Family Engagement

Domain	Measure	Measure Description	NPRM Domain
Patient & Family Engagement	TBD	<p><b>Title:</b> Dementia: Caregiver Education and Support</p> <p><b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12-month period.</p>	Patient and Family Engagement
Patient & Family Engagement	TBD	<p><b>Title:</b> Chronic Wound Care: Patient education regarding long term compression therapy</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period.</p>	Patient and Family Engagement
Patient & Family Engagement	TBD	<p><b>Title:</b> Rheumatoid Arthritis (RA): Functional Status Assessment</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months.</p>	Patient and Family Engagement
Patient & Family Engagement	TBD	<p><b>Title:</b> Chronic Wound Care: Patient Education regarding diabetic foot care</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period.</p>	Patient and Family Engagement
Patient & Family Engagement	TBD	<p><b>Title:</b> Functional status assessment for knee replacement</p> <p><b>Description:</b> Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.</p>	Patient and Family Engagement

Domain	Measure	Measure Description	NPRM Domain
Patient & Family Engagement	TBD	<b>Title:</b> Functional status assessment for hip replacement <b>Description:</b> Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patient and Family Engagement
Patient & Family Engagement	TBD	<b>Title:</b> Functional status assessment for complex chronic conditions <b>Description:</b> Percentage of patients aged 65 years and older with heart failure and two or more high impact conditions who completed initial and follow-up (patient-reported) functional status assessments.	Patient and Family Engagement
Care Coordination	NQF 0045	<b>Title:</b> Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture <b>Description:</b> Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.	Care Coordination
Care Coordination	NQF 0106	<b>Title:</b> Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents <b>Description:</b> Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-IV-TR or DSM-PC criteria.	Care Coordination
Care Coordination	NQF 0321	<b>Title:</b> Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V $\geq$ 1.7 per week measured once every 4 months.	Care Coordination

Domain	Measure	Measure Description	NPRM Domain
Care Coordination	NQF 0323	<b>Title:</b> Adult Kidney Disease: Hemodialysis Adequacy: Solute <b>Description:</b> Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) receiving hemodialysis three times a week have a spKt/V $\geq$ 1.2.	Care Coordination
Care Coordination	NQF 0519	<b>Title:</b> Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care <b>Description:</b> Percentage of short term home health episodes of care during which diabetic foot care and education were included in the physician-ordered plan of care and implemented for patients with diabetes.	Care Coordination
Care Coordination	NQF 0561	<b>Title:</b> Melanoma: Coordination of Care <b>Description:</b> Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.	Care Coordination
Care Coordination	TBD	<b>Title:</b> Closing the referral loop: receipt of specialist report <b>Description:</b> Percentage of patients regardless of age with a referral from a primary care provider for whom a report from the provider to whom the patient was referred was received by the referring provider.	Care Coordination
Patient Safety	NQF 0014	<b>Title:</b> Prenatal Care: Anti-D Immune Globulin <b>Description:</b> Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Patient Safety

Domain	Measure	Measure Description	NPRM Domain
Patient Safety	NQF 0022	<b>Title:</b> Use of High-Risk Medications in the Elderly <b>Description:</b> Percentage of patients ages 65 years and older who received at least one high-risk medication. Percentage of patients 65 years of age and older who received at least two different high-risk medications.	Patient Safety
Patient Safety	NQF 0097	<b>Title:</b> Medication Reconciliation <b>Description:</b> Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented.	Patient Safety
Patient Safety	NQF 0101	<b>Title:</b> Falls: Screening for Falls Risk <b>Description:</b> Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months.	Patient Safety
Patient Safety	NQF 0239	<b>Title:</b> Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (when indicated in ALL patients) <b>Description:</b> Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	Patient Safety

Domain	Measure	Measure Description	NPRM Domain
Patient Safety	NQF 0271	<p><b>Title:</b> Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)</p> <p><b>Description:</b> Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time.</p>	Patient Safety
Patient Safety	NQF 0382	<p><b>Title:</b> Oncology: Radiation Dose Limits to Normal Tissues</p> <p><b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.</p>	Patient Safety
Patient Safety	NQF 0388	<p><b>Title:</b> Prostate Cancer: Three Dimensional (3D) Radiotherapy</p> <p><b>Description:</b> Percentage of patients, regardless of age with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT).</p>	Patient Safety
Patient Safety	NQF 0419	<p><b>Title:</b> Documentation of Current Medications in the Medical Record</p> <p><b>Description:</b> Percentage of specified visits as defined by the denominator criteria for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <b>must</b> include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND <b>must</b> contain the medications' name, dosage, frequency and route.</p>	Patient Safety

Domain	Measure	Measure Description	NPRM Domain
Patient Safety	NQF 0510	<b>Title:</b> Radiology: Exposure Time Reported for Procedures Using Fluoroscopy <b>Description:</b> Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time.	Patient Safety
Patient Safety	NQF 0564	<b>Title:</b> Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures <b>Description:</b> 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.	Patient Safety
Patient Safety	NQF 1365	<b>Title:</b> Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment <b>Description:</b> Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	Patient Safety
Patient Safety	TBD	<b>Title:</b> Falls: Risk Assessment for Falls <b>Description:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	Patient Safety
Patient Safety	TBD	<b>Title:</b> Falls: Plan of Care for Falls <b>Description:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	Patient Safety

Domain	Measure	Measure Description	NPRM Domain
Patient Safety	TBD	<p><b>Title:</b> Chronic Wound Care: Use of wet to dry dressings in patients with chronic skin ulcers (overuse measure)</p> <p><b>Description:</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer <u>without</u> a prescription or recommendation to use wet to dry dressings.</p>	Patient Safety
Patient Safety	TBD	<p><b>Title:</b> Dementia: Counseling Regarding Risks of Driving</p> <p><b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12-month period.</p>	Patient Safety
Patient Safety	TBD	<p><b>Title:</b> Adverse Drug Event (ADE) Prevention: Outpatient therapeutic drug monitoring</p> <p><b>Description:</b> Percentage of patients 18 years of age and older receiving outpatient chronic medication therapy who had the appropriate therapeutic drug monitoring during the measurement year.</p>	Patient Safety