

Measure Title	Quality Number (Q#)	Measure Description	Measure Denominator	Measure Numerator	Measure Type	High Priority	Appropriate Use	Primary Measure Steward
Coronary Artery Disease (CAD): Antiplatelet Therapy	006	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period who were prescribed aspirin or clopidogrel.	All patients aged 18 years and older with a diagnosis of CAD seen within a 12-month period	<p>Patients who were prescribed aspirin or clopidogrel Definition: Prescribed - May include prescription given to the patient for aspirin or clopidogrel at one or more visits in the measurement period OR patient already taking aspirin or clopidogrel as documented in current medication list.</p> <p>Numerator Options:</p> <p>Performance Met: Aspirin or clopidogrel prescribed or currently being taken (4086F) OR Denominator Exception: Documentation of medical reason(s) for not prescribing aspirin or clopidogrel (e.g., allergy, intolerance, receiving other thienopyridine therapy, receiving warfarin therapy, bleeding coagulation disorders, other medical reasons) (4086F with 1P)</p> <p>OR Denominator Exception: Documentation of patient reason(s) for not prescribing aspirin or clopidogrel (e.g., patient declined, other patient reasons) (4086F with 2P)</p> <p>OR Denominator Exception: Documentation of system reason(s) for not prescribing aspirin or clopidogrel (e.g., lack of drug availability, other reasons attributable to the health care system) (4086F with 3P)</p> <p>Performance Not Met: Aspirin or clopidogrel was not prescribed, reason not otherwise specified (4086F with 8P)</p>	Process	-	-	American Heart Association
Advance Care Plan	047	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	All patients aged 65 years and older AND NOT DENOMINATOR EXCLUSION: Hospice services received by patient any time during the measurement period: G9692	<p>Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p>Definition: Documentation that Patient did not Wish or was not able to Name a Surrogate Decision Maker or Provide an Advance Care Plan - May also include, as appropriate, the following:</p> <ul style="list-style-type: none"> • That the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, as it would be viewed as harmful to the patient's beliefs and thus harmful to the physician-patient relationship. <p>Numerator Options:</p> <p>Performance Met: Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record (1123F) OR Performance Met: Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (1124F) Performance Not Met: Advance Care Planning not documented, reason not otherwise specified (1123F with 8P)</p>	Process	X	-	National Committee for Quality Assurance
Documentation of Current Medications in the Medical Record	130	Percentage of visits for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.	All visits occurring during the 12-month measurement period for patients aged 18 years and older	<p>Eligible clinician attests to documenting, updating, or reviewing the patient's current medications using all immediate resources available on the date of the encounter</p> <p>Definitions:</p> <p>Current Medications - Medications the patient is presently taking including all prescriptions, over-the-counter, herbals, vitamins, minerals, dietary (nutritional) supplements, and cannabis/cannabinoid products with each medication's name, dosage, frequency and administered route.</p> <p>Route - Documentation of the way the medication enters the body (some examples include but are not limited to: oral, sublingual, subcutaneous injections, and/or topical).</p> <p>Not Eligible (Denominator Exception) - A patient is "not eligible" if there is documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).</p>	Process	X	-	Centers for Medicare & Medicaid Services
Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy	145	Final reports for procedures using fluoroscopy that document radiation exposure indices.	All final reports for procedures using fluoroscopy DENOMINATOR NOTE: The final report of the fluoroscopy procedure or fluoroscopy guided procedure includes the final radiology report, definitive operative report, or other definitive procedure report that is communicated to the referring physician, primary care physician, follow-up care team, and/or maintained in the medical record of the performing physician outside the EHR or other medical record of the facility in which the procedure is performed.	<p>Final reports for procedures using fluoroscopy that include radiation exposure indices</p> <p>Definition: Radiation exposure indices - For the purposes of this measure, "radiation exposure indices" should include at least one of the following:</p> <ol style="list-style-type: none"> 1. Reference air kerma (K_{a,r}) in Gy or mGy 2. K_aE6-erma-area product (PKA) or Dose area product (DAP) in uGy*m2, mGy*cm2 (or similar) 3. Peak skin dose (PSD) in Gy or mGy <p>When reporting indices the report must clearly state what radiation quantity is being submitted, that is only reporting dose in mGy is insufficient PSD in mGy is very different from K_{a,r} in mGy. As an example, PSD = 10 mGy or K_{a,r} = 10 mGy would meet numerator performance, but "10 mGy" alone would not.</p>	Process	X	-	American College of Radiology
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.	<p>DENOMINATOR (SUBMISSION CRITERIA 1): All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period AND NOT DENOMINATOR EXCLUSION: Hospice services provided to patient any time during the measurement period: M1159</p> <p>DENOMINATOR (SUBMISSION CRITERIA 2): All patients aged 18 years and older seen for at least two visits or at least one preventive visit who were screened for tobacco use during the measurement period and identified as a tobacco user AND NOT DENOMINATOR EXCLUSION: Hospice services provided to patient any time during the measurement period: M1159</p> <p>DENOMINATOR (SUBMISSION CRITERIA 3): All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period AND NOT DENOMINATOR EXCLUSION: Hospice services provided to patient any time during the measurement period: M1159</p>	<p>NUMERATOR (SUBMISSION CRITERIA 1): Patients who were screened for tobacco use at least once within the measurement period Numerator Options: Performance Met: Patient screened for tobacco use AND identified as a tobacco user (G9902) OR Performance Met: Patient screened for tobacco use AND identified as a tobacco non-user (G9903) OR Performance Not Met: Patient not screened for tobacco use (G9905)</p> <p>NUMERATOR (SUBMISSION CRITERIA 2): Patients who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period Numerator Options: Performance Met: Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period on no Choice done waiting for people to get back to me ready to hit send a little bit of specific information I'm just trying to explain to my doctors panels you're a creatinine ratio is so that I can get them to OK database limit I'm trying to worthwhile Committee OK eyeball and make sure cause I'm not yeah sure seriously something that really isn't super relevant to us but we have to collect it it was a workaround that I kind of pulled out of my this past month to try to keep us in compliance it's a long story but yeah Nice do you have under yeah admin Report Nice nervous bullshit yeah Ryan San Antonio but I just felt like really uncomfortable with having been identified closing Marod (counseling and/or pharmacotherapy) (G9906) Performance Not Met: Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy) (G9908)</p> <p>NUMERATOR (SUBMISSION CRITERIA 3): Patients who were screened for tobacco use at least once within the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user Numerator Options: Performance Met: Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the</p>	Process	-	-	National Committee for Quality Assurance
Kidney Health Evaluation	488	Percentage of patients aged 18-85 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period.	All patients aged 18-85 years with a diagnosis of diabetes at the start of the performance period AND NOT DENOMINATOR EXCLUSION: Patients with a diagnosis of End Stage Renal Disease (ESRD): M1187 OR Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5: M1188 OR Patients who have an order for or are receiving hospice or palliative care: M1186	<p>Patients who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the performance period. Numerator Options: Performance Met: Documentation of a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) performed (M1189) Performance Not Met: Documentation of a kidney health evaluation was not performed or defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) (M1190)</p>	Process	-	-	National Kidney Foundation