**EFFICIENCY-RELATED MEASURES**

*Initial Scan*

**COST AND RESOURCE USE MEASURES**

| **Row #** | **Steward** | **NQF #** | **Title** | **Description**  | **Notes** |
| --- | --- | --- | --- | --- | --- |
| **UTILIZATION** |
| 1 | United Health Group | 0328 | Casemix-Adjusted Inpatient Hospital Average Length of Stay | This measure calculates a casemix-adjusted inpatient average length of stay (ALOS) for medical and surgical admissions for Commercial and Medicare populations. The measure can be reported at the hospital level or the service category level (medical vs. surgical). |  |
| 2 | Philip R. Lee Institute for Health Policy Studies | 0702 | Intensive Care Unit (ICU) Length-of-Stay (LOS) | For all patients admitted to the ICU, total duration of time spent in the ICU until time of discharge; both observed and risk-adjusted LOS reported with the predicted LOS measured using the Intensive Care Outcomes Model - Length-of-Stay (ICOMLOS). |  |
| 3 | AHRQ | 0340 | Pediatric Heart Surgery Volume (PDI 7) | Number of discharges with procedure for pediatric heart surgery |  |
| 4 | Virtual PICU Systems, LLC  | 0334 | PICU Severity-adjusted Length of Stay | The number of days between PICU admission and PICU discharge. |  |
| 5 | Premier, Inc. | 0327 | Risk-Adjusted Average Length of Inpatient Hospital Stay | Percentage of inpatient & outpatients with excessive in-hospital days |  |
| 6 | Leapfrog Group | 0331 (though no longer endorsed) | Severity-Standardized Average Length of Stay -- Routine Care (risk adjusted) | Standardized average length of hospital stay (ALOS) for routine inpatient care (i.e., care provided outside of intensive care units). |  |
| 7 | The Society of Thoracic Surgeons | 0732 | Surgical Volume for Pediatric and Congenital Heart Surgery: Total Programmatic Volume and Programmatic Volume Stratified by the Five STS-EACTS Mortality Categories | Surgical volume for pediatric and congenital heart surgery: total programmatic volume and programmatic volume stratified by the five STS-EACTS Mortality Levels, a multi-institutional validated complexity stratification tool |  |
| **CONDITION- OR PROCEDURE-SPECIFIC** |
| 8 |  | 1560 | Relative Resource Use (RRU) for People with Asthma | The risk-adjusted relative resource use by patients with asthma during the measurement year. | NCQA computes a relative resource use index and a quality index (derived from the NCQA quality measures for each specific condition) to allow for comparison of plans on both resource use and quality at the same time.The RRU measures are population based measures that are used to compare health plans or ACOs on resources used to care for beneficiaries with six conditions.Published tables allow organizations to match severity-adjusted resource use within service categories (Inpatient Facility, Surgery and Procedure, Evaluation and Management (E&M), and Pharmacy) to a standardized allowed payment in order to calculate total standard costs for their eligible members across different areas of clinical care. |
| 9 | 1557 | Relative Resource Use for People with Diabetes | The risk-adjusted relative resource use by patients with diabetes (type 1 and type 2) during the measurement year. |
| 10 | 1558 | Relative Resource Use for People with Cardiovascular Conditions | The risk-adjusted relative resource use by patients with specific cardiovascular conditions during the measurement year. |
| 11 | 1561 | Relative Resource Use for People with Chronic Obstructive Pulmonary Disease | The risk-adjusted relative resource use by patients with COPD during the measurement year. |
| 12 |  | Relative Resource Use for People with Hypertension | The risk-adjusted relative resource use by patients with hypertension during the measurement year. |
| 13 |  | Relative Resource Use for People with Low Back Pain | The risk-adjusted relative resource use by patients with low back pain during the measurement year. |
| 14 | Optum | 1609 | ETG Based HIP/KNEE REPLACEMENT cost of care measure | The measure focuses on resources used to deliver episodes of care for patients who have undergone a Hip/Knee Replacement. Hip Replacement and Knee Replacement episodes are initially defined using the Episode Treatment Groups (ETG) methodology and presence describe the unique of the condition for a patient and the services involved in diagnosing, managing and treating the condition. | This measure is a per episode evaluation. A number of resource use measures are defined for Hip/Knee Replacement episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. |
| 15 | Optum | 1611 | ETG Based PNEUMONIA cost of care measure | The measure focuses on resources used to deliver episodes of care for patients with pneumonia. Pneumonia episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating pneumonia. | A number of resource use measures are defined for pneumonia episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons. |
| 16 | CMS | N/A Not endorsed | Condition-specific per capita cost measures for COPD, diabetes, HF, and CAD | The ratio of all actual Medicare FFS Parts A and B payments to a physician or medical group for beneficiaries attributed to them over a calendar year with one of four specific chronic health conditions—diabetes, coronary artery disease, chronic obstructive pulmonary disease, and heart failure— to all expected payments to the physician or medical group for those beneficiaries, multiplied by the payment for the average beneficiary in the sample. |  |
| 17 | CMS | N/A not endorsed | Draft: Ischemic Heart Disease Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 18 | CMS | N/A not endorsed | Draft: Acute Myocardial Infarction Condition Phase Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 19 | CMS | N/A not endorsed | Draft: Coronary Artery Bypass Graft Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD |  |
| 20 | CMS | N/A not endorsed | Draft: Heart Catheterization Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD |  |
| 21 | CMS | N/A not endorsed | Draft: Percutaneous Coronary Intervention Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 22 | CMS | N/A not endorsed | Draft: Hip Osteoarthritis Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD |  |
| 23 | CMS | N/A not endorsed | Draft: Hip Replacement/Revision Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD |  |
| 24 | CMS | N/A not endorsed | Draft: Hip/Femur Fracture Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD |  |
| 25 | CMS | N/A not endorsed | Draft: Hip/Femur Fracture Repair Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD |  |
| 26 | CMS | N/A not endorsed | Draft: Knee Osteoarthritis Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 27 | CMS | N/A not endorsed | Draft: Knee Replacement/Revision Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 28 | CMS | N/A not endorsed | Draft: Shoulder Osteoarthritis Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 29 | CMS | N/A not endorsed | Draft: Shoulder Replacement/Repair Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 30 | CMS | N/A not endorsed | Draft: Asthma Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 31 | CMS | N/A not endorsed | Draft: Bronchiectasis Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 32 | CMS | N/A not endorsed | Draft: Chronic Bronchitis/Emphysema Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 33 | CMS | N/A not endorsed | Draft: Cataract Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 34 | CMS | N/A not endorsed | Draft: Cataract Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 35 | CMS | N/A not endorsed | Draft: Glaucoma Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 36 | CMS | N/A not endorsed | Draft: Glaucoma Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 37 | CMS | N/A not endorsed | Draft: Retinal Disease Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 38 | CMS | N/A not endorsed | Draft: Retinal Disease Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 39 | CMS | N/A not endorsed | Draft: Heart Failure Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 40 | CMS | N/A not endorsed | Draft: Cardiac Arrhythmia Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 41 | CMS | N/A not endorsed | Draft: Heart Block Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 42 | CMS | N/A not endorsed | Draft: Cardioversion Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 43 | CMS | N/A not endorsed | Draft: Pacemaker/AICD Implantation Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 44 | CMS | N/A not endorsed | Draft: Pneumonia Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 45 | CMS | N/A not endorsed | Draft: Respiratory Failure Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 46 | CMS | N/A not endorsed | Draft: Hypertension Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 47 | CMS | N/A not endorsed | Draft: Shock/Hypotension Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 48 | CMS | N/A not endorsed | Draft: Nephropathy/Renal Failure Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 49 | CMS | N/A not endorsed | Draft: Diabetes Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 50 | CMS | N/A not endorsed | Draft: Sepsis/SIRS Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 51 | CMS | N/A not endorsed | Draft: Ischemic Cerebral Artery Disease Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 52 | CMS | N/A not endorsed | Draft: Carotid Artery Stenosis Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 53 | CMS | N/A not endorsed | Draft: Breast Cancer Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 54 | CMS | N/A not endorsed | Draft: Breast Cancer Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 55 | CMS | N/A not endorsed | Draft: Lung Cancer Condition Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 56 | CMS | N/A not endorsed | Draft: Lung Cancer Treatment Episode for CMS Episode Grouper | Draft: Resources used in caring for the condition (duration TBD) |  |
| 57 | CMS | N/A not endorsed | Draft: Prostate Cancer Treatment Episode for CMS Episode Grouper | Draft: Resources used in the episodes attributed to the provider |  |
| 58 | CMS | N/A not endorsed | Draft: Prostate Cancer Condition Episode for CMS Episode Grouper | Draft: Resources used in the episodes attributed to the provider |  |
| 59 | CMS | N/A not endorsed | Draft: Colon Cancer Condition Episode for CMS Episode Grouper | Draft: Resources used in the episodes attributed to the provider |  |
| 60 | CMS | N/A not endorsed | Draft: Colon Cancer Treatment Episode for CMS Episode Grouper | Draft: Resources used in the episodes attributed to the provider |  |
| 61 | CMS | N/A not endorsed | Draft: Dementia Condition Episode for CMS Episode Grouper | Draft: Resources used in the episodes attributed to the provider |  |
| 62 | CMS | N/A not endorsed | Draft: Back Pain Condition Episode for CMS Episode Grouper | Draft: Resources used in the episodes attributed to the provider |  |
| **TOTAL COST** |
| 63 | HealthPartners | 1604 | Total Cost of Care Population-based PMPM Index | Total Cost Index (TCI) is a measure of a primary care provider’s risk adjusted cost effectiveness at managing the population they care for. TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services. | Per capita (population- or patient-based). |
| 64 | HealthPartners | 1598 | Total Resource Use Population-based PMPM Index | The Resource Use Index (RUI) is a risk adjusted measure of the frequency and intensity of services utilized to manage a provider group’s patients. Resource use includes all resources associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services. | Per capita (population- or patient-based) |
| 65 | CMS | 2158 | Payment-Standardized Medicare Spending Per Beneficiary (MSPB) | The MSPB Measure assesses the cost of services performed by hospitals and other healthcare providers during an MSPB hospitalization episode, which comprises the period immediately prior to, during, and following a patient’s hospital stay. Beneficiary populations eligible for the MSPB calculation include Medicare beneficiaries enrolled in Medicare Parts A and B who were discharged from short-term acute hospitals during the period of performance. | This measure is a per episode evaluation.  |
| 66 | CMS | N/A Not endorsed | Total Per Capita Cost Measure | The ratio of all actual Medicare FFS Parts A and B payments to a physician or medical group for beneficiaries attributed to them over a calendar year to all expected payments to the physician or medical group, multiplied by the payment for the average beneficiary in the sample. |  |

**APPROPRIATENESS/OVERUSE**

| **Row #** | **Steward** | **NQF #** | **Title** | **Description**  | **Notes** |
| --- | --- | --- | --- | --- | --- |
| 67 | AHRQ | 0357 | Abdominal Aortic Aneurysm (AAA) Repair Volume (IQI 4) | The number of hospital discharges with a procedure for abdominal aortic aneurysm (AAA) repair for patients 18 years and older or obstetric patients. Includes metrics for the number of discharges grouped by diagnosis and procedure type. |  |
| 68 | AHRQ | 0355 | Bilateral Cardiac Catheterization Rate (IQI 25) | Percent of discharges with heart catheterizations in any procedure field with simultaneous right and left heart (bilateral) heart catheterizations. |  |
| 69 | AHRQ | 0361 | Esophageal Resection Volume (IQI 1) | Number of discharges with a procedure for esophogeal resection |  |
| 70 | AHRQ | 0366 | Pancreatic Resection Volume (IQI 2) | The number of hospital discharges with a procedure code of partial or total pancreatic resection for patients 18 years and older or obstetric patients. Excludes acute pancreatitis admissions. |  |
| 71 | AMA-PCPI | 0654 | Acute Otitis Externa: Systemic antimicrobial therapy – Avoidance of inappropriate use | Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy |  |
| 72 | Partners HealthCare System, Inc. | 0755 | Appropriate Cervical Spine Radiography and CT Imaging in Trauma | Percent of adult patients undergoing cervical spine radiography or CT imaging for trauma who have a documented evidence-based indication prior to imaging (Canadian C-Spine Rule or the NEXUS Low-Risk Criteria). |  |
| 73 | Partners HealthCare System, Inc. | 0668 | Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury | Percent of adult patients who presented within 24 hours of a non-penetrating head injury with a Glasgow coma score (GCS) >13 and underwent head CT for trauma in the ED who have a documented indication consistent with guidelines(1) prior to imaging. |  |
| 74 | NCQA | 0002 | Appropriate Testing for Children With Pharyngitis (CWP) | The 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. A higher rate represents better performance (i.e., appropriate testing). |  |
| 75 | NCQA | 0069 | Appropriate treatment for children with upper respiratory infection (URI) | Percentage of children 3 months to 18 years of age with a diagnosis of URI who were not dispensed an antibiotic medication. |  |
| 76 | NCQA | 0058 | Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis | The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. |  |
| 77 | NCQA | 0315 | Back Pain: Appropriate Imaging for Acute Back Pain | Percentage of patients at least 18 years of age and younger than 80 with a diagnosis of back pain for whom the physician ordered imaging studies during the six weeks after pain onset, in the absence of “red flags” (overuse measure, lower performance is better). |  |
| 78 | NCQA | 0309 | Back Pain: Appropriate Use of Epidural Steroid Injections | Percentage of patients at least 18 years of age and younger than 80 with back pain who have received an epidural steroid injection in the absence of radicular pain AND those patients with radicular pain who received an epidural steroid injection without image guidance (i.e. overuse measure, lower performance is better). |  |
| 79 | NCQA | 0312 | Back Pain: Repeat Imaging Studies | Percentage of patients at least 18 years of age and younger than 80 with a back pain episode of 28 days or more who received inappropriate repeat imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better). |  |
| 80 | NCQA | 0305 | Back Pain: Surgical Timing | Percentage of patients at least 18 years of age and younger than 80 with a back pain episode of 28 days or more without documentation of red flags who had surgery within the first six weeks of back pain onset (overuse measure, lower performance is better). |  |
| 81 | CMS | 0669 | Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery | This measure calculates the percentage of low-risk, non-cardiac surgeries performed at a hospital outpatient facility with a Stress Echocardiography, SPECT MPI or Stress MRI study performed in the 30 days prior to the surgery at a hospital outpatient facility (e.g., endoscopic, superficial, cataract surgery, and breast biopsy procedures). Results are to be segmented and reported by hospital outpatient facility where the imaging procedure was performed. |  |
| 82 | American College of Cardiology Foundation | 0670 | Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients | Percentage of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients for preoperative evaluation |  |
| 83 | American College of Cardiology Foundation | 0671 | Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI) | Percentage of all stress SPECT MPI, stress echo, CCTA and CMR performed routinely after PCI, with reference to timing of test after PCI and symptom status. |  |
| 84 | American College of Cardiology Foundation | 0672 | Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients | Percentage of all stress SPECT MPI, stress echo, CCTA, and CMR performed in asymptomatic, low CHD risk patients for initial detection and risk assessment |  |
| 85 | Partners HealthCare System, Inc. | 0667 | Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism | Percent of patients undergoing CT pulmonary angiogram for the evaluation of possible PE who are at low-risk for PE consistent with guidelines prior to CT imaging. |  |
| 86 | CMS | 0514 | MRI Lumbar Spine for Low Back Pain | This measure calculates the percentage of MRI of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy. |  |
| 87 | AMA-PCPI | 0655 | Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use | Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive either antihistamines or decongestants |  |
| 88 | AMA-PCPI | 0657 | Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use | Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials |  |
| 89 | AMA-PCPI | 0656 | Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use | Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids |  |
| 90 | AMA-PCPI | 0562 | Overutilization of Imaging Studies in Melanoma | 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 |  |
| 91 | The Joint Commission | 0469 | PC-01 Elective Delivery | This measure assesses patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed. |  |
| 92 | The Joint Commission | 0471 | PC-02 Cesarean Section | This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. |  |
| 93 | AMA-PCPI | 0389 | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients | Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer |  |
| 94 | CMS | 0513 | Thorax CT: Use of Contrast Material | This measure calculates the percentage of thoracic CT studies that are performed with and without contrast out of all thoracic CT studies performed |  |
| 95 | NCQA | 0052 | Use of Imaging Studies for Low Back Pain | The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. |  |
| 96 | CMS | N/A Not endorsed | Overuse of Diagnostic Imaging for Uncomplicated Headache | DRAFT: Percentage of all adult (>=18 years old) uncomplicated headache patients who received an order for a brain computed tomography (CT), computed tomography angiogram (CTA), magnetic resonance (MR), or magnetic resonance angiogram (MRA) study during the measurement period. |  |
| 97 | CMS | N/A Not endorsed | Appropriate Use of DXA Scans in Women Under 65 Who Do Not Meet the Risk Factor Profile | DRAFT: Percentage of women ages 18 to 64 without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan |  |
| 98 | ACEP | N/A Not endorsed | Avoidance of inappropriate use of head CT in ED patients with minor head injury | Percentage of emergency department patients with minor head injury who received inappropriate imaging study (not clinically indicated) |  |
| 99 | ACEP | N/A Not endorsed | Avoidance of inappropriate use of imaging for adult ED patients with atraumatic low back pain | Percentage of emergency department patients aged >= 18 years with atraumatic low back pain who received an inappropriate imaging study (not clinically indicated) |  |
| 100 | American Society of Clinical Oncology | 0213 | Proportion admitted to the ICU in the last 30 days of life | Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life |  |
| 101 | American Society of Clinical Oncology | 0215 | Proportion not admitted to hospice | Percentage of patients who died from cancer not admitted to hospice |  |
| 102 | American Society of Clinical Oncology | 0210 | Proportion receiving chemotherapy in the last 14 days of life | Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life |  |
| 103 | American Society of Clinical Oncology | 0211 | Proportion with more than one emergency room visit in the last days of life | Percentage of patients who died from cancer with more than one emergency room visit in the last days of life |  |
| 104 | Alabama Medicaid Agency | 1381 | Asthma Emergency Department Visits | Percentage of patients with asthma who have greater than or equal to one visit to the emergency room for asthma during the measurement period. |  |
| 105 | CMS | 0173 | Emergency Department Use without Hospitalization | Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay. |  |