

**Consensus Core Set: ACO and PCMH / Primary Care Measures  
Version 1.0**

ACO and PCMH / Primary Care measures					
NQF #	Measure	Measure Steward	PCMH	ACO	Consensus Agreement / Notes
<i>Cardiovascular Care</i>					
0018	<p>Controlling High Blood Pressure</p> <p>Description: The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90) during the measurement year.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set if data needed for either measure is available through EHR or provider self-report with audit.</b></p> <p><i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy<sup>i</sup> regarding the 2014 JAMA paper<sup>ii</sup> sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease (CKD).</p> <p>Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base.</p> <p><i>Note:</i> #0018 is specified for physician-level use.</p>
N/A	<p>Controlling High Blood Pressure (HEDIS 2016)</p> <p>Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set if data needed for either measure is available through EHR or provider self-report with audit.</b></p> <p><i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy<sup>iii</sup> regarding the 2014 JAMA paper<sup>iv</sup> sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or</p>

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	<p>on the following criteria:</p> <ul style="list-style-type: none"> <li>• 18-59 = &lt;140/90 mm Hg</li> <li>• 60-85 w/ diabetes = &lt;140/90 mm Hg</li> <li>• 60-85 w/o diabetes = &lt;150/90 mm Hg</li> </ul>				<p>chronic kidney disease (CKD).</p> <p>Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base.</p> <p><i>Note:</i> Please refer to 2016 HEDIS specifications which align with the recommendations in the 2014 JAMA paper<sup>v</sup>.</p> <p><i>Note:</i> "N/A - Controlling High Blood Pressure" HEDIS measure is specified for the health plan or integrated delivery network level use.</p>
0071	<p>Persistent Beta Blocker Treatment After a Heart Attack</p> <p>Description: The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set.</b>

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0068	<p>Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic</p> <p>Description: The 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 coronary interventions (PCI) during the 12 months 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 the following during the measurement year.</p>	NCQA		<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set for ACOs only.</b></p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Measure is to be applied only at the group level. Programs utilizing this measure are not looking for 100% performance due to concerns with patients at risk for bleeding.</li> <li>• Used in Million Hearts Campaign.</li> </ul>
<b>Diabetes</b>					
0059	<p>Comprehensive Diabetes Care: HbA1c Poor Control (&gt;9.0%)</p> <p>Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.</b></p>

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0055	Comprehensive Diabetes Care: Eye Exam  Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set. Reportable via administrative data.</b>
0057	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing  Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set. Reportable via administrative data.</b>
0056	Comprehensive Diabetes Care: Foot Exam  Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.</b>
0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy  Measure Description: The	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.</b>

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	percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.				
<b>Care Coordination / Patient Safety</b>					
0097	<p>Medication Reconciliation (Clinician measure)</p> <p>Description; Percentage of patients aged 18 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. This measure is reported as two rates stratified by age group: 18-64 and 65+.</p>	NCQA		<input checked="" type="checkbox"/>	<b>Consensus to include in core set for ACOs only if data needed for this measure is available through EHR or provider self-report with audit.</b>
<b>Prevention and Wellness</b>					
0032	<p>Cervical Cancer Screening</p> <p>Description: Percentage of women</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set.</b>

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	<p>21–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women age 21–64 who had cervical cytology performed every 3 years.</li> <li>• Women age 30–64 who had cervical cytology/ HPV co-testing every 5 years.</li> </ul>				
N/A	<p>Non-recommended Cervical Cancer Screening in Adolescent Females</p> <p>Description: The percentage of women under the age of 21 who were screened unnecessarily for cervical cancer.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set.</b></p> <p><i>Note:</i> Please refer to NCQA HEDIS measure specifications.</p>
2372	<p>Breast Cancer Screening</p> <p>Description: The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set.</b></p> <p><i>Note:</i> Measure specifications align with the recently updated USPSTF guidelines. The numerator reads: "One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year."</p>
0034	<p>Colorectal Cancer Screening</p> <p>Description: The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set.</b></p>

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0028	<p>Preventive Care Screening: Tobacco Use: Screening and Cessation</p> <p>Description: % of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user.</p>	AMA-PCPI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit.</b>
0421	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p> <p>Description: % of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter.</p> <p>Normal Parameters: Age 65 years and older BMI &gt; or = 23 and &lt; 30 Age 18 – 64 years BMI &gt; or = 18.5 and &lt; 25.</p>	CMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit.</b>

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<b>Utilization &amp; Cost / Overuse</b>					
0052	<p>Use of Imaging Studies for Low Back Pain</p> <p>Description: The percentage of members with a primary diagnosis of low back pain that did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set.</b></p> <p><i>Note:</i> Additional / replacement measures will be considered in future iterations of the core set once available.</p>
<b>Patient Experience</b>					
0005	<p>CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists)</p> <p>Description: The Consumer Assessment of Healthcare Providers and Systems Clinician &amp; Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months. The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both</p>	AHRQ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set.</b></p> <p><i>Notes:</i> Ongoing Discussion with CMS about an all-payer survey similar to H-CAHPS to address issues related to implementation cost to a practice.</p> <p>CAHPS measure included in the Medicare Shared Savings Program includes the following:</p> <ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and Information</li> <li>• How Well Your Doctors Communicate</li> <li>• Patients' Rating of Doctor</li> <li>• Access to Specialists</li> <li>• Health Promotion and Education</li> <li>• Shared Decision Making</li> <li>• Health Status/Functional Status</li> <li>• Stewardship of Patient Resources</li> </ul>



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	primary care and specialty care settings. The adult survey is administered to patients aged 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12-months are eligible to be surveyed. The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item. The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item.				
<b>Behavioral Health</b>					
0710	Depression Remission at 12 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 a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9	MN Comm. Meas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit.</b>  <i>Note:</i> Consensus to include along with #1885.

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	score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.				
1885	<p>Depression Response at Twelve Months- Progress Towards Remission</p> <p>Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score &gt; 9 who demonstrate a response to treatment at twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to patients with newly diagnosed and existing depression identified during measurement period whose PHQ-9 indicates a need for treatment.</p>	MN Comm. Meas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit.</b></p> <p><i>Note:</i> Consensus to include along with #0710.</p>
<b>Pulmonary</b>					
1799	<p>Medication Management for People with Asthma</p> <p>Description: The % of patients 5-64 years during the measurement year who were identified as having</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set.</b>

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	<p>persistent asthma &amp; were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The % of patients who remained on a controller medication for at least 50% of their treatment period.</li> <li>2. The % of patients who remained on a controller medication for at least 75% of their treatment period.</li> </ol>				
0058	<p>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</p> <p>Description: The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Consensus to include in core set.</b>

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<b>Future Areas for ACO and PCMH / Primary Care Measure Development</b>
Measure based on statin use guidelines
CG CAHPS Smoking cessation measure (to replace the chart-review measure)
PCMH has supplement to CG CAHPS. All the CAHPS surveys are under review
Goals of care and patient education
Unnecessary services and waste / Overuse
Health related quality of life
Shared-decision making
Preventive diabetes measures. Monitor USPSTF pre-diabetes final report
Measure stratification to address health disparities (e.g. lower age of colorectal screening for African Americans)
Palliative care measures for ACO/PMCH
Patient reported outcomes (PROs)
Pain Management measures
PROs for Asthma Exacerbations
Antibiotic stewardship
Total cost of care (#1604) once a reliable and valid measure is mature enough for implementation
Contraceptive measures once measures are tested and are reliable at the provider level
Composite measures
Substance use disorders and screening measures
P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV.
PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

\*Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

\*\*James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA* 2014; 311: 507–20.

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<sup>i</sup> Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

<sup>ii</sup> James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA* 2014; 311: 507–20.

<sup>iii</sup> Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

<sup>iv</sup> James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA* 2014; 311: 507–20.

<sup>v</sup> Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

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<b>Chronic Cardiovascular Condition Measures</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Consensus Agreement / Notes</b>
<i><b>Congestive Heart Failure</b></i>				
0330	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure hospitalization	CMS	Facility	<b>Consensus reached to include measure in core set; measure to be used at the facility level only.</b>
0229	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older	CMS	Facility	<b>Consensus reached to include measure in core set; measure to be used at the facility level only.</b>
0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	AMA-PCPI	Clinician	<b>Consensus reached to include measure in core set.</b>
0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	AMA-PCPI	Clinician	<b>Consensus reached to include measure in core set.</b>

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<i><b>Hypertension</b></i>				
0018	<p>Controlling High Blood Pressure</p> <p>Description: The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90) during the measurement year.</p>	NCQA	Clinician	<p><b>Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set.</b></p> <p><i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy<sup>i</sup> regarding the 2014 JAMA paper<sup>ii</sup> sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease (CKD).</p> <p>Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base.</p> <p><i>Note:</i> #0018 is specified for physician-level use.</p>

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N/A	<p>Controlling High Blood Pressure (HEDIS 2016)</p> <p>Measure Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>• 18-59 = &lt;140/90 mm Hg</li> <li>• 60-85 w/ diabetes = &lt;140/90 mm Hg</li> <li>• 60-85 w/o diabetes = &lt;150/90 mm Hg</li> </ul>	NCQA	Health Plan/Integrated Delivery System	<p><b>Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set.</b></p> <p><i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy<sup>iii</sup> regarding the 2014 JAMA paper<sup>iv</sup> sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease (CKD).</p> <p>Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base.</p> <p><i>Note:</i> Please refer to 2016 HEDIS specifications which align with the recommendations in the 2014 JAMA paper<sup>v</sup>.</p> <p><i>Note:</i> "N/A - Controlling High Blood Pressure" HEDIS measure is specified for the health plan or integrated delivery network level use.</p>



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<i>Ischemic Heart Disease / Coronary Heart Disease</i>				
0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	American College of Cardiology	Clinician	<b>Consensus reached to include measure in core set.</b>
0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	American College of Cardiology	Clinician	<b>Consensus reached to include measure in core set.</b>
0070	Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy--Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	AMA-PCPI	Clinician	<b>Consensus reached to include measure in core set.</b> <i>Note:</i> Measure also listed under Acute MI.
2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery	CMS	Facility	<b>Consensus reached to include measure in core set; report either #2558 or #0019; measure to be used at the facility level only.</b>
0119	Risk-Adjusted Operative Mortality for CABG	The Society of Thoracic Surgeons	Clinician and Facility	<b>Consensus reached to include measure in core set; report either #2558 or #0019; measure to be calculated at both the physician and facility level.</b>
2515	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery	CMS	Facility	<b>Consensus reached to include measure in core set; report either #2515 or #2514.</b>

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2514	Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate (30-days)	The Society of Thoracic Surgeons	Facility	<b>Consensus reached to include measure in core set; report either #2515 or #2514.</b>
<i>Atrial fibrillation</i>				
1525	Chronic Anticoagulation Therapy	American College of Cardiology	Clinician	<b>Consensus reached to include measure in core set.</b>
<i>Prevention</i>				
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	AMA-PCPI	Clinician	<b>Consensus reached to include measure in core set.</b> <i>Note:</i> Included in ACO and PMCH / Primary Care core set.

<b>Acute Cardiovascular Condition Measures</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Notes &amp; Comments</b>
<i>Acute Myocardial Infarction</i>				
0505	Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization	CMS	Facility	<b>Consensus reached to include measure in core set; measure to be used at the facility level only.</b>
0163	Primary PCI received within 90	CMS	Facility	<b>Consensus reached to include measure in core set.</b>

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<b>Acute Cardiovascular Condition Measures</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Notes &amp; Comments</b>
	minutes of hospital arrival			
0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	AMA-PCPI	Clinician	<b>Consensus reached to include measure in core set.</b> <i>Note:</i> Measure also listed under chronic CAD section.
0230	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	CMS	Facility	<b>Consensus reached to include measure in core set.</b>
0536	30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock	American College of Cardiology	Facility	<b>Consensus reached to include measure in core set.</b> <i>Note:</i> #0536 is always to be reported with the complementary measure #0535.
0535	30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock	American College of Cardiology	Facility	<b>Consensus reached to include measure in core set.</b> <i>Note:</i> #0535 is always to be reported with the complementary measure #0536.

**Consensus Core Set: Cardiovascular Measures  
Version 1.0**

<b>Acute Cardiovascular Condition Measures</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Notes &amp; Comments</b>
<i>Angioplasty and Stents</i>				
0964	Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients	American College of Cardiology	Facility	<b>Consensus reached to include measure in core set.</b>
2459	In-hospital Risk Adjusted Rate of Bleeding Events for Patients Undergoing PCI	American College of Cardiology	Facility	<b>Consensus reached to include measure in core set; measure to be used at the facility level only.</b>
<i>Implantable Cardiac Defibrillators</i>				
0694	Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)	American College of Cardiology	Facility	<b>Consensus reached to include measure in core set.</b>
<i>Cardiac Catheterization</i>				
0715	Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization	Boston Children's Hospital	Facility	<b>Consensus to include in core set however measure may be subject to small numbers so should be implemented only when there is adequate sample size.</b>
<i>Pediatric Heart Surgery</i>				
0733	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	Society of Thoracic Surgeons	Clinician	<b>Consensus to include in core set however measure may be subject to small numbers so should be implemented only when there is adequate sample size.</b>

**Consensus Core Set: Cardiovascular Measures  
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<b>Future Measure for Cardiovascular Care Measure Set Inclusion</b>			
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Notes &amp; Comments</b>
0541	Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category	PQA	<b>Consensus to include in the future pending better availability of data.</b> <i>Rationale:</i> It may be difficult to accurately calculate this measure for some providers because of the way their EMRs track medications and their refills. Additionally, this measure may not be appropriate for all hypertension patients as not all are prescribed medications for diabetes. Measure aligns with CMS Stars and health plans collect measure data; Population is important to monitor.
2377	Defect Free Care for AMI (Composite Measure)	American College of Cardiology	
N/A	Clinician Level Companion Measure to (0694) Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)	ACC	Submitted to NQF for endorsement. Review in July, 2015.
2439	Post-Discharge Appointment for Heart Failure Patients	TJC	Data collection is currently challenging. Reconsider measure upon measure updates.
0671	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing after Percutaneous Coronary Intervention	American College of Cardiology	

**Consensus Core Set: Cardiovascular Measures  
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**Future Areas for Cardiovascular Care Measure Development**

Heart Failure:

- Evidence-based anticoagulation status -- ACC note: Not all HF patients are on anticoagulants
- Outpatient – symptom control or change in symptoms
- Functional status or quality of life measure for patients with heart failure.
  - Seattle Angina Questionnaire. Update is slow but can consider in work group
- Goals of care (does not need to be specific to heart failure)
- Follow-up visit after hospitalization by PCP
- End of life measures for heart failure
- Management of women with peripartum cardiomyopathy
- Proportion of days covered for beta blocker therapy: Heart Failure patients

Hypertension:

- Renal function measures (e.g., creatinine measures)

Other:

- Lipid measure based on new guidelines. With changes in guidelines and pending evidence, not yet comfortable adding lipid measures until medical consensus is reached. New data coming out which push levels back towards previous guidelines.
- Additional cost and over-utilization measures.
- Rehabilitation measures
- Mental health measures following cardiovascular events
- Symptom Management measures
- Disparities in cardiovascular care
- ICD counseling and appropriate use of ICDs measure. Article in JAMA noting severe underutilizations of ICDs in women and elderly.

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<sup>i</sup> Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

<sup>ii</sup> James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA* 2014; 311: 507–20.

## Consensus Core Set: Cardiovascular Measures

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<sup>iii</sup> Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

<sup>iv</sup> James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA* 2014; 311: 507–20.

<sup>v</sup> Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

**Consensus Core Set: Gastroenterology Measures  
Version 1.0**

<b>Consensus Core Set: Gastroenterology Measures</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Consensus Agreement / Notes</b>
<i><b>Endoscopy &amp; Polyp Surveillance Measures</b></i>				
0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	AGA	Clinician	<b>Consensus to include in core set.</b>
0659	Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use	AGA	Clinician	<b>Consensus to include in core set.</b>
PQRS #343	Screening Colonoscopy Adenoma Detection Rate Measure.	ASGE		<b>Consensus to include in core set.</b>
PQRS #439	Age Appropriate Screening Colonoscopy	AGA	Clinician	<b>Consensus to include in core set for measurement at the group level.</b>  <b>Note:</b> Programs utilizing this measure are not looking for 100% performance.
<i><b>Inflammatory Bowel Disease</b></i>				
PQRS #271	IBD: Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment*	AGA	Clinician	<b>Consensus to include in core set.</b>
PQRS #275	IBD: Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy*	AGA	Clinician	<b>Consensus to include in core set.</b>

\* Note: For 2015 PQRS, a “global denominator” was added to the IBD Measures Group. AGA intends to submit its IBD measures for NQF-endorsement consideration after there are adequate testing data to meet NQF measure evaluation criteria.



**Consensus Core Set: Gastroenterology Measures  
Version 1.0**

<b>Hepatitis C Measures for the Gastroenterology Core Measure Set</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Notes</b>
N/A	PQRS #401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis	AGA	Clinician	<b>Consensus to include in core set.</b>
N/A	PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	AMA-PCPI	Clinician	<b>Consensus to include in core set.</b>

<b>Future Areas for Consideration or Measure Development</b>
<ul style="list-style-type: none"> <li>• #0635 - Chronic Liver Disease - Hepatitis A Vaccination / Proof of prior vaccination</li> <li>• #0034 - Colorectal Cancer Screening - measure needs to be retooled for GI specialists as they don't take care of a general population</li> <li>• Adverse events related to colonoscopy screening (i.e., ER or hospital after a procedure, perforation, hemorrhage etc.)</li> <li>• Assessing the quality of the colonoscopy: <ul style="list-style-type: none"> <li>– Patient Safety measure: #2539 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</li> <li>– Consideration of CMS measure under development for Post Colonoscopy Complications</li> <li>– "Quality colonoscopy" AGA set of measures</li> </ul> </li> <li>• GERD and cirrhosis measures</li> <li>• Barrett's Esophagus</li> </ul>

**Consensus Core Set: HIV / Hep C Core Measures  
Version 1.0**

<b>Table 1. HIV Measures</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Consensus Agreement / Notes</b>
0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	NCQA	Clinician	<b>Consensus reached for inclusion in core set.</b>
0409	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis	NCQA	Clinician	<b>Consensus reached for inclusion in core set.</b>
2082	HIV viral load suppression	HRSA - HIV/AIDS Bureau	Clinician	<b>Consensus reached for inclusion in core set.</b>
2079	HIV medical visit frequency	HRSA - HIV/AIDS Bureau	Clinician	<b>Consensus reached for inclusion in core set.</b>
0579	Annual cervical cancer screening or follow-up in high-risk women	Resolution Health, Inc.	Clinician	<b>Consensus reached for inclusion in core set.</b>  <i>Note:</i> This measure may require updating if better scientific evidence becomes available.
N/A PQRS #P22	HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV.	CDC	Clinician	<b>Consensus reached for inclusion in core set.</b>

<b>Table 2. Hepatitis C Measures</b>				
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Notes</b>
N/A	PQRS #401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis	AGA	Clinician	<b>General consensus reached for inclusion in core set.</b>  <i>Note:</i> This measure may require updating if better scientific evidence becomes available.
N/A	PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	AMA-PCPI	Clinician	<b>Consensus reached for inclusion in core set.</b>

**Consensus Core Set: HIV / Hep C Core Measures  
Version 1.0**

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**Table 3. Gap Areas for Future HIV/Hepatitis C Measure Development**

**HIV**

- HIV RNA Level (revise NQF #0404 CD4 Cell Count or Percentage Performed to assess HIV RNA Level which is now recognized as the key metric)
- #0413 HIV/AIDS: Screening for High Risk Sexual Behaviors (NCQA) had endorsement removed in 2013
- #0573 HIV Screening: Members at High Risk of HIV (Health Benchmarks - IMS Health) had endorsement removed in 2014
- P23 - HIV: Ever Screened for HIV: Percentage of persons 15-65 ever screened for HIV. Reconsider upon release of additional testing data likely in summer or fall of 2016. Less than 100% performance expected.
- Updated medical visit frequency measurement with virtual visits (#2079)
- Follow up for patients diagnosed with HIV and with low viral load

**Hepatitis C**

- #0393 Hepatitis C: Testing for Chronic Hepatitis C - Confirmation of Hepatitis C Viremia
- Testing of viral load 12 weeks post-end of treatment (AGA currently revising this measure)

**Consensus Core Set: Medical Oncology Measures  
Version 1.0**

<b>Medical Oncology Core Measure Set</b>				
<b>NQF #</b>	<b>Measure Name</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Consensus Agreement / Notes</b>
<b><i>Breast Cancer</i></b>				
0559	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.	American College of Surgeons	Facility	<b>Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit.</b>
1857	Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
1858	Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
<b><i>Colorectal Cancer</i></b>				
0223	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	Commission on Cancer, American College of Surgeons	Facility	<b>Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit.</b>  <i>Note:</i> Workgroup will consider a physician-level measure once available.
1859	KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	ASCO	Clinician	<b>Consensus to include measure in core set.</b>

**Consensus Core Set: Medical Oncology Measures  
Version 1.0**

<b>Medical Oncology Core Measure Set</b>				
<b>NQF #</b>	<b>Measure Name</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Consensus Agreement / Notes</b>
1860	Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
<b><i>Hospice / End of Life</i></b>				
0210	Proportion receiving chemotherapy in the last 14 days of life	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0211	Proportion with more than one emergency room visit in the last 30 days of life	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0213	Proportion admitted to the ICU in the last 30 days of life	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0215	Proportion not admitted to hospice	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0216	Proportion admitted to hospice for less than 3 days	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0384	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology	AMA-PCPI	Clinician	<b>Consensus to include measure in core set.</b>
<b><i>Prostate Cancer</i></b>				
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	AMA-PCPI	Clinician	<b>Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit.</b> <i>Note:</i> Related to Choosing Wisely Concept #2.
1853	Radical Prostatectomy Pathology Reporting	College of American Pathologists	Clinician	<b>Consensus to include measure in core set.</b>

**Consensus Core Set: Medical Oncology Measures  
Version 1.0**

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**FUTURE AREAS FOR MEDICAL ONCOLOGY MEASURE DEVELOPMENT**

- Pain control
- Functional status or quality of life
- Shared decision-making
- Appropriate use of chemotherapy
- Under or overtreatment (will need to develop a baseline or a threshold based on data)
- ER utilization
- In patient hospital admission rate
- Reporting of cancer stage
- Disease free survival for X number of years.
- Patient experience / PRO for level of pain experienced by patient
- Cost measures
- Lung Cancer
- Five year cure rate
- 0390: Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients - Not included in the core set at present, but would like to reevaluate once better data/systems become available to collect necessary information and measure denominator issues are resolved.
- ASCO / ABIM Choosing Wisely list: Metrics included are of value and should be pushed to measure development.
  - Concept #2 is addressed in the core set in measure #0389.
  - Concept #10 is a valuable metric.
  - Concept #7 is of lower priority.

**Note:** The Workgroup emphasized the need to move from “check-box” process measures to outcomes measures.

The Workgroup acknowledged several challenges with selecting measures for this set:

- *Data Challenges* – Currently, health plans cannot readily access data for many of these measures as they require pharmacy data (which may not be available due to carve-outs), access to patient charts, or date of death data.
- *Future Measurement Needs* – Data suggests that oncology treatments change rapidly and measurement needs must be continually reassessed based on the changing protocols for treatment.

**Consensus OB/GYN Measures  
Version 1.0**

<b>OB/GYN Core Measure Set for Ambulatory Care Setting</b>			
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Consensus Agreement / Notes</b>
1391	Frequency of Ongoing Prenatal Care	NCQA	<b>Consensus to include in core set; measure to be used at the physician level only.</b>
0032	Cervical Cancer Screening	NCQA	<b>Consensus to include in core set.</b>
N/A	Non-recommended Cervical Cancer Screening in Adolescent Females	NCQA	<b>Consensus to include in core set.</b> <i>Note:</i> Use HEDIS specifications.
1395	Chlamydia Screening and Follow Up	NCQA	<b>Consensus to include in core set.</b>
2372	Breast Cancer Screening	NCQA	<b>Consensus to include in core set; measure to be used at the physician level only.</b>
0567	Appropriate Work Up Prior to Endometrial Ablation Procedure	Health Benchmarks -IMS Health	<b>Consensus to include in core set; measure to be used at the physician level only.</b>

<b>OB/GYN Core Measures for Hospital / Acute Care Settings</b>			
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Notes &amp; Comments</b>
0470	Incidence of Episiotomy	Christiana Care Health System	<b>Consensus to include in core set.</b>
0469	PC-01 Elective Delivery (Patients with elective vaginal deliveries or elective cesarean)	The Joint Commission	<b>Consensus to include in core set.</b>

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**Consensus OB/GYN Measures  
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<b>OB/GYN Core Measures for Hospital / Acute Care Settings</b>			
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Notes &amp; Comments</b>
	sections at $\geq 37$ and $< 39$ weeks of gestation completed)		
0471	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	The Joint Commission	<b>Consensus to include in core set.</b>
0476	PC-03 Antenatal Steroids (Patients at risk of preterm delivery at $\geq 24$ and $< 32$ weeks gestation receiving antenatal steroids prior to delivering preterm newborns)	The Joint Commission	<b>Consensus to include in core set.</b>
0480	PC-05 Exclusive Breast Milk Feeding and the subset measure  (The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization, and a second rate, a subset of the first, which includes only those newborns that were	The Joint Commission	<b>Consensus to include in core set.</b>



**Consensus OB/GYN Measures  
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<b>OB/GYN Core Measures for Hospital / Acute Care Settings</b>			
<b>NQF #</b>	<b>Measure</b>	<b>Measure Steward</b>	<b>Notes &amp; Comments</b>
	exclusively fed breast milk during the entire hospitalization excluding those whose mothers chose not to breast feed.)		

<b>Future Areas for Measure Development</b>
<ul style="list-style-type: none"> <li>• Physician-level Urinary Incontinence (NCQA’s physician-level UI measure did not receive endorsement and NCQA indicated they had no future plans to revise or update measure at this time).</li> <li>• Cesarean Section (including time of decision for c-section and surgery start time). Data not available via claims.</li> <li>• Tdap/Influenza Administration in Pregnancy (Upcoming from CDC). Need to consider data capture methods to measure vaccinations outside of typical medical settings.</li> <li>• P22 - HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV. Considerations regarding age limit and child/adolescent privacy are necessary.</li> </ul>

**Consensus Core Set: Orthopedic Measures  
Version 1.0**

<b>Orthopedic Measures</b>			
<b>NQF#</b>	<b>Measure Title</b>	<b>Measure Steward</b>	<b>Consensus Agreement / Notes</b>
1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	CMS	<b>Consensus to include this measure in the core set.</b>
1551	Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	CMS	<b>Consensus to include this measure in the core set.</b>
1741	<p>Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey</p> <p>We recommend the following 5 composites and 1 single-item measure that are generated from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey. Each measure is used to assess a particular domain of surgical care quality from the patient’s perspective.</p> <p>Measure 1: Information to help you prepare for surgery (2 items)</p> <p>Measure 2: How well surgeon communicates with patients before surgery (4 items)</p> <p>Measure 3: Surgeon’s attentiveness on day of surgery (2 items)</p>	American College of Surgeons, Division of Advocacy and Health Policy	<b>Consensus to include this measure in the core set.</b>

**Consensus Core Set: Orthopedic Measures  
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<p>Measure 4: Information to help you recover from surgery (4 items)</p> <p>Measure 5: How well surgeon communicates with patients after surgery (4 items)</p> <p>Measure 6: Helpful, courteous, and respectful staff at surgeon's office (2 items)</p> <p>Measure 7: Rating of surgeon (1 item)</p>		
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**Future Areas for Orthopedic Measure Development**

- Length of Stay
- Return to Surgery (Revision, Draining, Infection, Frozen Joint, etc.)
- Complications
- Adverse Events Surrounding Surgery (Post-operative Cellulitis, Pneumonia, etc.)
- Patient Reported Outcomes.  
*Comment:* AAOS strongly supports the use of Patient Reported Outcome Measures and once the Yale CORE/CMS PRO measures are finalized, we would like to partner with AHIP & CMS on the endorsement process.
- Functional status measures for patients undergoing orthopedic surgery
- Transitions of Care (e.g., medication reconciliation after procedure, ensuring medical records are transmitted to primary care physician, and ensuring no gaps in care)
- Emergency Department Visits
- #0052 - Use of Imaging Studies for Low Back Pain