### Maryland Performance Measurement Strategic HSCRC **Direction: Potential Measurement Domains nd** Measures

# Health Services Cost Review Commission

2/26/2016 Draft

NQF Endorsed	Measurement Domain	Measure Title	Measure Description	Source/ Cluster	Program Alignment	Designated Care Setting	Designated Level of Analyis	Designated Data Sources	Priority Level
х	Condition Specific Resource Use	Episode Treatment Cost (ETG) based Hip/Knee cost of care	Measures resources used to deliver episodes of care for patient who have undergone a hip/knee replacement.	Ingenix	PAU/IQR: 30 day all- cause risk standardized readmission following total knee/total hip; MONAHRQ: hip fracture mortality rate	ASC; Ambulatory Care: Clinican Office/Clinic, Urgent Care, Emergency Medical Services/Ambluance; Home Health; Hospice; Hospital/Acute Care Facility, Specialty Hospitals	Clinician (group, team individual), Facility, Health Plan, Population	Administrative Claims, Other	1
х	Appropriate Use	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.	Joint Commission	IQR: PC-01 Elective Deliver; CMMI Core: (471) Cesarean rate for low- risk first birth women	Hospital/Acute Care Facility	Facility; Population: National	Administrative Claims; Paper Medical Records	1
х	Appropriate Use	Antibiotic use for children with Upper Respiratory Infection	Percentage of children 3 months to 18 years of age with a diagnosis of URI who were not dispensed an antibiotic medication	NCQA		Other, Pharmacy			1
х	Population Health/Preventio n/Wellness- Obesity focus	BMI Screening and Follow up	medication.  Percentage 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 six months of the encounter.	American Medical Association					1
	Condition Specific Resource Use	Hip and knee arthroplasty	Prometheus model using evidence-informed case rates (ECRs) for hip and knee arthroplasty	Prometheus		Multiple settings combined			1
х	Population Health/Preventio n/Wellness- Obesity		Body Mass Index (BMI) Screening and Follow-up	ACO 16		Ambulatory/Office-based Care	Provider		1
х	Population Health/Preventio n/Wellness- Tobacco		Tobacco Use: Screening and Cessation Intervention	ACO 17		Ambulatory/Office-based Care	Provider		1
х	Population Health/Preventio n/Wellness- Mental Health		Screening for Clinical Depression and Follow-up	ACO 18		Ambulatory/Office-based Care	Provider		1
х	Effectiveness		Hypertension (HTN)Controlling High Blood Pressure	ACO 28		Ambulatory/Office-based Care	Provider		1
х	Patient Safety- Care Coordination		Skilled nursing facility 30-day all-cause readmissions measure	ACO 35		Hospital	Provider		1
	Patient Safety- Care Coordination		Risk Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions	ACO 38					1
	Patient Safety- Care Coordination		7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CMS Under Development	PAU				1
	Patient Safety- Care Coordination		Hospital Visits after Hospital Outpatient Surgery	CMS Under Development	PAU				1
х	Burden of Illness	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with Plan of Care for Pain Measure)	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Oncology	OQR: Median time to long bone fracture; QBR: HCAHPS Pain Management	Ambulatory Care: Clinician Office/Clinic, Other	Clinician: Group/Practice; Clinician: Individual; Clinician: Team	Administrative Claims, Electronic Health Record,Electrionic Clinical Data: Registry, Paper Medical Records	2

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х		Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)	Percentage of visits for patients, regardless of 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	Oncology	OQR: Median time to long bone fracture; QBR: HCAHPS Pain Management	Ambulatory Care: Clinician Office/Clinic, Other	Clinician: Group/Practice; Clinician: Individual; Clinician: Team	Administrative Claims, Electronic Health Record,Electrionic Clinical Data: Registry, Paper Medical Records	2
	Burden of Illness	Cancer: fatigue/anemia	% of patients found to have anemia with a hemoglobin less than 10 g/dl for whom the presence and severity of anemia- related symptoms (e.g. fatigue, dyspnea, and lightheadedness) were evaluated.	Oncology		Hospital Inpatient, Hospital Outpatient, Ambulatory/Office- based Care	Clinical Practice	Administrative clinical data; Paper medical record	2
	Burden of Illness	Cancer- nausea and vomiting	% of patients with nausea or vomiting who were offered a change in therapy within 24 hours of the initial report of nausea or vomiting.	Oncology		Hospital Inpatient, Hospital Outpatient, Ambulatory/Office- based Care	Clinical Practice	Administrative clinical data; Paper medical record	2
	Shared Decision- Making	Total knee replacement: shared decision-making	% of patients undergoing a total knee replacment with documented shared decision-making including discussion of conservative therapy prior to the procedure	American Association of Hip and Knee Surgeons	PAU/IQR: 30 day all- cause risk standardized readmission following total knee/total hip	Ambulatory/Office-based Care; Outpatient	Clinicians	Administrative clinical data, EHR, Paper medical record, registry data	2
х		Antipsychotic Use in Persons with Dementia	The percentage of individuals 65 years of age and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.	CMS	HBIPS 4: Patients discharged on multiple antipsychotic medications	Other, Pharmacy	Health Plan	Administrative Claims	2
Х	Patient Centered/Engage ment		CAHPS: Getting Timely Care, Appointments, and Information	ACO 1		Ambulatory/Office-based Care	Provider		2
х	Patient Centered/Engage ment		CAHPS: How Well Your Doctors Communicate	ACO 2		Ambulatory/Office-based Care	Provider		2
х	Patient Centered/Engage ment		CAHPS: Patients' Rating of Doctor	ACO 3		Ambulatory/Office-based Care	Provider		2
х	Patient Centered/Engage ment		CAHPS: Access to Specialists	ACO 4		Ambulatory/Office-based Care	Provider		2
х	Patient Centered/Engage ment		CAHPS: Health Promotion and Education	ACO 5		Ambulatory/Office-based Care	Provider		2
х	Patient Centered/Engage ment		CAHPS: Shared Decision Making	ACO 6		Ambulatory/Office-based Care	Provider		2
x	Patient Centered/Engage ment		CAHPS: Health Status/Functional Status	ACO 7			Provider		2
х	Population Health/Preventio n/Wellness		Influenza Immunization	ACO 14		Ambulatory/Office-based Care	Provider		2
х	Population Health/Preventio n/Wellness		Pneumocoocal Vaccination for Patients 65 Years and Older	ACO 15		Ambulatory/Office-based Care	Provider		2

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х	Population Health/Preventio n/Wellness-		Colorectal Cancer Screening	ACO 19		Ambulatory/Office-based Care	Provider		2
Х	Effectiveness		Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	ACO 30		Ambulatory/Office-based Care	Provider		2
х	Effectiveness		Heart Failure: Beta-Blocker therapy for Left Ventircular Systolic Dysfunction (LVSD)	ACO 31		Ambulatory/Office-based Care	Provider		2
х	Effectiveness		Coronary Artery Disease (CAD) Composite (all or nothing scoring): Angiotensin-converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy- Diabetes or Left	ACO 33		Ambulatory/Office-based Care	Provider		2
	Patient Safety- Care Coordination		Risk Standardized Acute Admission Rates for Patients with Diabetes	ACO 36	PQI	Ambulatory/Office-based Care	Provider		2
	Patient Safety- Care Coordination		Risk Standardized Acute Admission Rates for Patients with Heart Failure	ACO 37	PQI	Ambulatory/Office-based Care	Provider		2
х	Shared Decision- Making	Cultural Competency Implementation Measure	The Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed* cultural competency practices prioritized for the survey. The target audience for this survey includes		MU2 Core: 80% all unique patients have demongraphics recorded (including language, gender, race, enthinicity)	ASC; Ambulatory Care: Clinican Office/Clinic, Urgent Care, Emergency Medical Services/Ambluance; Home Health; Hospice; Hospital/Acute Care Facility, Specialty Hospitals	Facility; Health Plan; Integrated Delivery System	Healthcare Provider Survey	3
х	Shared Decision- Making/End of Life	Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in medical record or documentation in the medical record that an advance care plan was discussed but the patient did	Palliative Care	NCQA	ASC; Ambulatory Care: Clinican Office/Clinic, Urgent Care, Emergency Medical Services/Ambluance: Home	Clinician (Group, Individual)	Administrative Claims, Electronic Clinical Data	3
х	Shared Decision- Making/End of Life	Hospice and Palliative Care:Pain Screening	Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation / palliative care initial encounter.	Palliative Care		Hospice, Hospital/Acute Care Facility	Clinician: Group, Facility	Electronic Clinical Data, EHR	3
х	Shared Decision- Making/End of	Hospice and Palliative Care: Pain Assessment	Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical	Palliative Care		Hospice, Hospital/Acute Care Facility	Clinician: Group, Facility	Electronic Clinical Data, EHR	3
Х	Shared Decision- Making/End of	Hospice and Palliative Care:Dyspnea Treatment	Percentage of patients who screened positive for dyspnea who received treatment within 24 hours of screening.	Palliative Care		Hospice, Hospital/Acute Care Facility	Clinician: Group, Facility	Electronic Clinical Data, EHR	3
Х	Shared Decision- Making/End of	Hospice and Palliative Care: Dyspnea Treatment	Percentage of hospice or palliative care patients who were screened for dyspnea during the hospice admission evaluation	Palliative Care		Hospice, Hospital/Acute Care Facility	Clinician: Group, Facility	Electronic Clinical Data, EHR	3
х	Shared Decision- Making/End of Life	Hospice and Palliative Care: Treatment Preferences	Percentage of patients with chart documentation of preferences for life sustaining treatments.	Palliative Care		Hospice, Hospital/Acute Care Facility	Clinician: Group, Facility	Electronic Clinical Data, EHR	3
х	Patient Safety		Risk Standardized All Condition Readmission	ACO 8		Ambulatory/Office-based Care	Provider		3
х	Patient Safety- Care Coordination		Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	ACO 9			Geographic		3
X	Patient Safety- Care Coordination	_	Ambulatory Sensitive Conditions Admissions: Heart Failure	ACO 10			Geographic		3