

**TABLE Group B: Proposed New and Modified MIPS Specialty Measure Sets for the 2018 Performance Period and Future Years**

**Note:** In the CY 2018 Quality Payment Program proposed rule (82 FR 30271), CMS proposed to modify the specialty measure sets below based upon review of updates made to existing quality measure specifications, the proposal of adding new measures for inclusion in MIPS, and the feedback provided by specialty societies. Existing measures with substantive changes are noted with an asterisk (\*), core measures that align with Core Quality Measure Collaborative (CQMC) core measure set(s) are noted with the symbol (§), high priority measures are noted with an exclamation point (!), and high priority measures that are appropriate use measures are noted with a double exclamation point (!!)

**B.1. Allergy/Immunology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title And Description	Measure Steward
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Physician Consortium for Performance Improvement (PCPI®)
	0043	111	127v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Pneumococcal Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	National Committee for Quality Assurance
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
§	0405	160	52v6	EHR	Process	Effective Clinical Care	<b>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis:</b> Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis.	National Committee for Quality Assurance

**B.1. Allergy/Immunology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community / Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
*	0022	238	156v6	Registry, EHR	Process	Patient Safety	<p><b>Use of High-Risk Medications in the Elderly:</b></p> <p>Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported.</p> <p>a. Percentage of patients who were ordered at least one high-risk medication.</p> <p>b. Percentage of patients who were ordered at least two of the same high-risk medications.</p>	National Committee for Quality Assurance
	N/A	317	22v6	Claims, Registry, EHR	Process	Community / Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b></p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services

**B.1. Allergy/Immunology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	2082	338	N/A	Registry	Outcome	Effective Clinical Care	<b>HIV Viral Load Suppression:</b> The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	Health Resources and Services Administration
	2079	340	N/A	Registry	Process	Efficiency and Cost Reduction	<b>HIV Medical Visit Frequency:</b> Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits.	Health Resources and Services Administration
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community/ Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance

**Comment:** One commenter noted disappointment that the proposed rule did not include quality measures aimed at patients at greater risk of serious complications from vaccine preventable illness. For instance, patients living with chronic conditions such as heart disease and diabetes are at a significantly higher risk of complications and death from influenza and pneumonia.

**Response:** We appreciate the commenters concerns, but note that the MIPS specialty measures sets are developed from quality measures that currently exist in MIPS. We encourage the commenter to voice their concerns to measure stewards who may take their comments into consideration in future measure development.

**Comment:** One commenter was encouraged to see the immunization related process quality measure sets.

**Response:** We thank the commenter for their support.

**FINAL ACTION:** We are finalizing the *Allergy/Immunology Measure Set* as proposed for the 2018 Performance Period and future years.

**B.2. Anesthesiology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0236	044	N/A	Registry	Process	Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery:</b> Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision.	Centers for Medicare & Medicaid Services
!	N/A	076	N/A	Claims, Registry	Process	Patient Safety	<b>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections:</b> Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.	American Society of Anesthesiologists
* §	0028	226	138v6	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	317	22v6	Claims, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services

**B.2. Anesthesiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
<p><b>Comment:</b> Three commenters requested the removal of measure Q317 from this measure set based on the lack of reportable anesthesiology specific codes included in the denominator.</p> <p><b>Response:</b> We agree with the commenters request to remove measure Q317 from the <i>Anesthesiology Specialty Measure Set</i>. We determined that anesthesiology specific codes are not included in the denominator of this measure making it challenging to submit by anesthesiologists and other related specialties.</p> <p><b>FINAL ACTION:</b> We will be removing this measure from the <i>Anesthesiology Measure Set</i> for the 2018 Performance Period. However, we intend to explore the addition of the anesthesiology specific codes in the denominator for this measure in the 2019 Performance Period and future years.</p>								
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
!	N/A	404	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<b>Anesthesiology Smoking Abstinence:</b> The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.	American Society of Anesthesiologists
!	2681	424	N/A	Registry	Outcome	Patient Safety	<b>Perioperative Temperature Management:</b> Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.	American Society of Anesthesiologists

## B.2. Anesthesiology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	426	N/A	Registry	Process	Communication and Care Coordination	<b>Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU):</b> Percentage of patients, regardless of age, who are under the care of an anesthesia practitioner and are admitted to a PACU in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized.	American Society of Anesthesiologists
!	N/A	427	N/A	Registry	Process	Communication and Care Coordination	<b>Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU):</b> Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member.	American Society of Anesthesiologists
!	N/A	430	N/A	Registry	Process	Patient Safety	<b>Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy:</b> Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively.	American Society of Anesthesiologists
	N/A	463	N/A	Registry	Process	Effective Clinical Care	<b>Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics):</b> Percentage of patients aged 3 through 17 years of age, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors for post-operative vomiting (POV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively.	American Society of Anesthesiologists

**B.2. Anesthesiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
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**Comment:** Two commenters supported the removal of measure Q130 from the specialty measure set and two commenters supported the inclusion of measure Q463 “*Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)*”. Another commenter supported two measures, Q426 and Q427, for inclusion into the quality performance category.

**Response:** We thank the commenters for their support.

**Comment:** One commenter stated that the anesthesia measures are not indicative of quality, and the incidents are so low in anesthesia that the feedback will almost never be significant.

**Response:** We appreciate the commenter’s feedback; however, we disagree with the commenter as we worked extensively with stakeholders to ensure the measures under this measure set are reflective of quality and relevant to the anesthesia specialty. Prior to rulemaking, we solicit feedback from stakeholders with regards to measures that should be added or removed to existing specialty sets or the development of new specialty sets.

**Comment:** Several commenters opposed the addition of measures Q226 and Q402. One commenter stated that they believe very few anesthesiologists report on these measures and believed that the structure of MIPS allows them to report such measures regardless of their inclusion in a Specialty Measure Set.

**Response:** We agree with the commenters’ requests to remove measures Q226 and Q402 from this measure set for the 2018 Performance Period and future years because after additional review we agree that anesthesiologists would have limited opportunities to report the measure due to the denominator eligibility criteria.

**Comment:** One commenter expressed concern that CMS has carried over measures from the existing 2016 PQRS anesthesia measure set that were not vetted by other stakeholders regarding their role in the spectrum of anesthesia services and pain management.

**Response:** We appreciate the commenter’s feedback; however, we disagree with the commenter as we worked extensively with stakeholders to ensure the measures under this measure set were relevant to the anesthesia specialty. Prior to rulemaking we solicit feedback from stakeholders with regards to measures that should be added or removed to existing specialty sets or the development of new specialty sets. This process began in January 2017 and lasted for about six weeks, during which we sent out a listserv message to stakeholders, which was shared further with medical and specialty societies for further distribution to their stakeholders, to solicit feedback/thoughts on existing specialty sets (or for thoughts on new specialty sets) using quality measures that are currently in the program. We encourage the commenter to provide feedback during this process for consideration in future rulemaking.

**Comment:** One commenter appreciated modifications to the measure specifications for the anesthesiology measure set. However, the commenter continues to have concerns with measure Q404: *Anesthesiology Smoking Abstinence*. The commenter noted that a request for updates was not addressed by the measure steward. Given its potential impact as an applicable measure for CRNAs, the commenter would like to request updates to the measure.

**Response:** We appreciate the commenter’s feedback and recommend that the commenter continue to work with the measure steward to request changes. This measure is not owned by us and, therefore, cannot be modified without coordinating with the measure steward. Additionally, we recommend the commenter consider developing a new measure specific to CRNAs and submit via Call for Measures. We will continue to work with measure steward to address your concerns. We share measure modification requests with measure stewards prior to any modifications being made and, as necessary, propose the modified measures in future rulemaking.

**Comment:** One commenter supported the changes made to measure Q226.

**Response:** We thank the commenter for their support.

**FINAL ACTION:** We will be finalizing the changes for the *Anesthesiology Measure Set* for the 2018 Performance Period. However, as noted above, we will be removing measures Q226, Q317, and Q405 as requested by commenters for the 2018 Performance Period and future years.

**B.3. Cardiology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0081	005	135v6	Registry, EHR	Process	Effective Clinical Care	<b>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	0067	006	N/A	Registry	Process	Effective Clinical Care	<b>Chronic Stable Coronary Artery Disease: Antiplatelet Therapy:</b> 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.	American Heart Association
§	0070	007	145v6	Registry, EHR	Process	Effective Clinical Care	<b>Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	0083	008	144v6	Registry, EHR	Process	Effective Clinical Care	<b>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance



**B.3. Cardiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
§	0066	118	N/A	Registry	Process	Effective Clinical Care	<b>Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF &lt;40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy.	American Heart Association
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2.	Centers for Medicare & Medicaid Services
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

**B.3. Cardiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0068	204	164v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet:</b> Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.	National Committee for Quality Assurance
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018	236	165v6	Claims, Registry, EHR, Web Interface	Intermediate Outcome	Effective Clinical Care	<b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.	National Committee for Quality Assurance
*	0022	238	156v6	Registry, EHR	Process	Patient Safety	<b>Use of High-Risk Medications in the Elderly:</b> Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two of the same high-risk medications.	National Committee for Quality Assurance

**B.3. Cardiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0643	243	N/A	Registry	Process	Communication and Care Coordination	<b>Cardiac Rehabilitation Patient Referral from an Outpatient Setting:</b> Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.	American College of Cardiology Foundation
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP).	Centers for Medicare & Medicaid Services
!!	N/A	322	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients:</b> Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period.	American College of Cardiology
!!	N/A	323	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI):</b> Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status.	American College of Cardiology

## B.3. Cardiology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	324	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients:</b> Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment.	American College of Cardiology
§	1525	326	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Chronic Anticoagulation Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism.	American College of Cardiology
!	N/A	344	N/A	Registry	Outcome	Effective Clinical Care	<b>Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2.	Society for Vascular Surgeons
!	N/A	345	N/A	Registry	Outcome	Effective Clinical Care	<b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS):</b> Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital.	Society for Vascular Surgeons
	N/A	373	665v7	EHR	Intermediate Outcome	Effective Clinical Care	<b>Hypertension: Improvement in Blood Pressure:</b> Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services

**B.3. Cardiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
	2152	431	N/A	Registry	Process	Population / Community	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI)
*	N/A	438	347v1	Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:</b> Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> <li>• Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>• Adults aged ≥21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR</li> <li>• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.</li> </ul>	Centers for Medicare & Medicaid Services

**B.3. Cardiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	441	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<p><b>Ischemic Vascular Disease All or None Outcome Measure (Optimal Control):</b> The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Using the IVD denominator optimal results include: Most recent blood pressure (BP) measurement is less than 140/90 mm Hg</li> <li><input type="checkbox"/> And Most recent tobacco status is Tobacco Free</li> <li><input type="checkbox"/> And Daily Aspirin or Other Antiplatelet Unless Contraindicated And Statin Use.</li> </ul>	Wisconsin Collaborative for Healthcare Quality (WCHQ)
§	0071	442	N/A	Registry	Process	Effective Clinical Care	<p><b>Persistent Beta Blocker Treatment After a Heart Attack:</b> The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received were prescribed persistent beta-blocker treatment for six months after discharge.</p>	National Committee for Quality Assurance

We did not receive specific comments regarding the *Cardiology Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Cardiology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.3a. Electrophysiology Cardiac Specialist (Subspecialty Set of B.3 Cardiology)**

**Note:** Each subspecialty set is effectively a separate specialty set. In instances where an Individual MIPS eligible clinician, group, or virtual group reports on specialty or subspecialty set, if the set has less than six measures that is all the clinician is required to report.

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	348	N/A	Registry	Outcome	Patient Safety	<b>HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate:</b> Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD.	The Heart Rhythm Society
!	2474	392	N/A	Registry	Outcome	Patient Safety	<b>HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation:</b> Rate of cardiac tamponade and/or pericardiocentesis following atrial fibrillation ablation  This measure is reported as four rates stratified by age and gender: <ul style="list-style-type: none"> <li>• Reporting Age Criteria 1: Females less than 65 years of age</li> <li>• Reporting Age Criteria 2: Males less than 65 years of age</li> <li>• Reporting Age Criteria 3: Females 65 years of age and older</li> <li>• Reporting Age Criteria 4: Males 65 years of age and older.</li> </ul>	The Heart Rhythm Society
!	N/A	393	N/A	Registry	Outcome	Patient Safety	<b>HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision:</b> Infection rate following CIED device implantation, replacement, or revision.	The Heart Rhythm Society

**Comment:** One commenter supported the use of sub-specialty measures sets as a means of helping clinicians to navigate what is now a sizable MIPS measures inventory and appreciates CMS’s proposal to maintain its policy that subspecialists with less than 6 measures in a set would not be at a scoring disadvantage and could still score up to 100% of the points available under the quality category if they report on all measures in the set. The commenter continued to urge CMS to consider NQF 2491/HRS-4: *In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)* for inclusion in the “electrophysiology cardiac specialist” measure set in future years.

**Response:** We thank the commenter for their support, and note that new measures are reviewed annually through the Call for Measures/Measures Under Consideration process. We encourage the commenter to submit quality measures through the Call for Measures process that are applicable to the subspecialty when the measures are fully tested and developed.

**FINAL ACTION:** We are finalizing the *Electrophysiology Cardiac Specialist Subspecialty Measure Set* as proposed for the 2018 Performance Period and future years.

## B.4. Gastroenterology

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2.	Centers for Medicare & Medicaid Services
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
§ !!	0659	185	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use:</b> Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy.	American Gastroenterological Association



**B.4. Gastroenterology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	N/A	271	N/A	Registry	Process	Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment:</b> Percentage of patients aged 18 years and older with an inflammatory bowel disease encounter who were prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year.</p>	American Gastroenterological Association
	N/A	275	N/A	Registry	Process	Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.</p>	American Gastroenterological Association
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services

**B.4. Gastroenterology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !!	0658	320	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients:</b> Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.	American Gastroenterological Association
§ !	N/A	343	N/A	Registry	Outcome	Effective Clinical Care	<b>Screening Colonoscopy Adenoma Detection Rate Measure:</b> The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy.	American Gastroenterological Association
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
!	N/A	390	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient. To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment.	American Gastroenterological Association

**B.4. Gastroenterology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	N/A	401	N/A	Registry	Process	Effective Clinical Care	<b>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period.	American Gastroenterological Association
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
	N/A	425	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Photodocumentation of Cecal Intubation:</b> The rate of screening and surveillance colonoscopies for which photo documentation of landmarks of cecal intubation is performed to establish a complete examination.	American Society for Gastrointestinal Endoscopy
	2152	431	N/A	Registry	Process	Community/Population Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§ !!	N/A	439	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Age Appropriate Screening Colonoscopy:</b> The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31.	American Gastroenterological Association

We did not receive specific comments regarding the *Gastroenterology Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Gastroenterology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.5. Dermatology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	0650	137	N/A	Registry	Structure	Communication and Care Coordination	<b>Melanoma: Continuity of Care – Recall System:</b> Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12-month period, into a recall system that includes: <ul style="list-style-type: none"> <li>• A target date for the next complete physical skin exam, AND</li> <li>• A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment.</li> </ul>	American Academy of Dermatology
!	N/A	138	N/A	Registry	Process	Communication and Care Coordination	<b>Melanoma: Coordination of Care:</b> Percentage of patients visits, regardless of age, with a new occurrence of melanoma, who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.	American Academy of Dermatology
!!	0562	224	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Melanoma: Overutilization of Imaging Studies in Melanoma:</b> Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.	American Academy of Dermatology

**B.5. Dermatology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community /Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	N/A	265	N/A	Registry	Process	Communication and Care Coordination	<p><b>Biopsy Follow-Up:</b></p> <p>Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician.</p>	American Academy of Dermatology
	N/A	317	22v6	Claims, Registry, EHR	Process	Community /Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b></p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
	N/A	337	N/A	Registry	Process	Effective Clinical Care	<p><b>Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier:</b></p> <p>Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test.</p>	American Academy of Dermatology
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<p><b>Closing the Referral Loop: Receipt of Specialist Report:</b></p> <p>Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.</p>	Centers for Medicare & Medicaid Services

**B.5. Dermatology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	402	N/A	Registry	Process	Community / Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
!	N/A	410	N/A	Registry	Outcome	Person and Caregiver Centered Experience and Outcomes	<b>Psoriasis: Clinical Response to Oral Systemic or Biologic Medications :</b> Percentage of psoriasis patients receiving oral systemic or biologic therapy who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment.	American Academy of Dermatology
	N/A	440	N/A	Registry	Process	Communication and Care Coordination	<b>Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma: Biopsy Reporting Time – Pathologist to Clinician:</b> Percentage of biopsies with a diagnosis of cutaneous Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC) (including in situ disease) in which the pathologist communicates results to the clinician within 7 days of biopsy date.	American Academy of Dermatology

**Comment:** A commenter supported the addition of measure Q440: *Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma: Biopsy Reporting Time – Pathologist to Clinician* to the *Dermatology Specialty Measure et.*

**Response:** We thank the commenter for their support.

**Comment:** One commenter requested relief from the administrative burden of tracking down all possible prescribing providers to obtain a current medication list for Q130: *Documentation of Current Medications in the Medical Record.*

**Response:** We would like to note that the commenter has likely misinterpreted the data collection requirement for this measure. Q130 numerator compliance requires that the eligible clinician document as complete a list as possible, to the best of their ability on each encounter.

**FINAL ACTION:** We are finalizing the *Dermatology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.6. Emergency Medicine**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	066	146v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Testing for Children with Pharyngitis:</b> Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	National Committee for Quality Assurance
!!	0653	091	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.	American Academy of Otolaryngology-Head and Neck Surgery
!!	0654	093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.	American Academy of Otolaryngology-Head and Neck Surgery
	0104	107	161v6	EHR	Process	Effective Clinical Care	<b>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§ !!	0058	116	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:</b> Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	National Committee for Quality Assurance
	N/A	187	N/A	Registry	Process	Effective Clinical Care	<b>Stroke and Stroke Rehabilitation: Thrombolytic Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well.	American Heart Association

**B.6. Emergency Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0651	254	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain:</b> Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location.	American College of Emergency Physicians
	N/A	255	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure:</b> Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED).	American College of Emergency Physicians
	N/A	317	22v6	Claims, Registry, EHR	Process	Community /Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
<p><b>Comment:</b> Two commenters requested removal of measure Q317 from this measure set. One of the commenters stated that a substantial number of their patients are inadvertently included in the universe addressed by this measure, requiring burdensome documentation and follow-up. Another commenter expressed concerns about reportable codes for this measure.</p> <p><b>Response:</b> We appreciate the commenter’s feedback; however, we believe that this measure does not require undue burden. When a patient is screened for high blood pressure and is determined to need some type of follow-up, the clinician documents their findings or BP readings, as well as their recommendations or follow up plan related to the readings. This documentation and follow up is important to provide accurate and continuous care. We have also confirmed that there are sufficient reportable codes for this measure. This measure allows for patients in an urgent or emergent situation where delaying treatment may jeopardize the patient’s health status. In this instance, this would be considered a denominator exception which would alleviate the burden suggested by the commenter.</p> <p><b>FINAL ACTION:</b> We are finalizing this measure for inclusion in the <i>Emergency Medicine Specialty Measure Set</i> for the 2018 Performance Period and future years.</p>								
!!	N/A	331	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse):</b> Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.	American Academy of Otolaryngology-Head and Neck Surgery



**B.6. Emergency Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	332	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use):</b> Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis.	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A	333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.	American Academy of Otolaryngology-Head and Neck Surgery
!	N/A	415	N/A	Claims, Registry	Efficiency	Efficiency and Cost Reduction	<b>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older:</b> Percentage of emergency department visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who have an indication for a head CT.	American College of Emergency Physicians
!!	N/A	416	N/A	Claims, Registry	Efficiency	Efficiency and Cost Reduction	<b>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 through 17 Years:</b> Percentage of emergency department visits for patients aged 2 through 17 years who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who are classified as low risk according to the Pediatric Emergency Care Applied Research Network(PECARN) prediction rules for traumatic brain injury.	American College of Emergency Physicians

**B.6. Emergency Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
<p><b>Comment:</b> Two commenters supported the removal of measures Q1, Q47, Q130, Q226, Q374, Q402 and Q431 from the <i>Emergency Medicine Specialty Measure Set</i>.</p> <p><b>Response:</b> We thank the commenters for their support.</p> <p><b>Comment:</b> Two commenters recommended that CMS remove measures Q254 and Q255 under the claims-based reporting option given that claims-reporting is only done for Medicare patients to whom a measure applies. The commenters stated that measures Q254 and Q255 are largely inapplicable in the Medicare population as there are few pregnant Medicare patients. Another commenter suggested that CMS remove measure Q107: <i>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</i> from the <i>Emergency Medicine Specialty Measure Set</i>. The commenter recommended that in the future the measure should be broadened to include other initial diagnoses, such as Depression, Not Otherwise Specified, that are much more commonly used in the ED. One commenter suggested that CMS remove measure Q66: <i>Appropriate Testing for Children with Pharyngitis</i> from the <i>Emergency Medicine Specialty Measure Set</i> because the commenter is concerned that this measure promotes inefficient practices and drives costs up.</p> <p><b>Response:</b> We appreciate the commenters' feedback; however, we generally disagree with the commenters as we worked extensively with stakeholders to solicit their feedback and ensure the measures under this measure set were relevant for this specialty. Regarding measures Q254 and Q255, we do not agree with the commenters' recommendation to remove the claims version of these measures at this time. We note that many emergency medicine eligible clinicians still continue to utilize claims to report these measures and we do not believe it is appropriate to remove these measures from claims at this time; however, we will take this into consideration for future rulemaking. Regarding measure Q107, we encourage the commenter to provide their coding revision suggestions to the measure steward and we will consult with the measure steward to broaden the denominator of the measure to indicate that suicide risk assessment in the ED is very important. The intent of measure Q66 is to avoid unnecessary antibiotic treatment and reduce antibiotic resistance which can contribute to increased healthcare costs. We believe this outweighs the cost of appropriate testing.</p> <p><b>Comment:</b> One commenter expressed concern that measure Q331: <i>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)</i> and measure Q332: <i>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)</i> are not able to be coded within an electronic health record. The commenter also noted there may be instances where prescribing antibiotics would be appropriate if they have severe or worsening symptoms.</p> <p><b>Response:</b> This measure is available for registry data submission only. It has not been developed for electronic health record data submission at this time. The measure allows the eligible clinician to submit a denominator exception for medical reasons when prescribing an antibiotic within 10 days of onset.</p> <p><b>FINAL ACTION:</b> We are finalizing the <i>Emergency Medicine Specialty Measure Set</i> as proposed for the 2018 Performance Period and future years.</p>								

## B.7. Family Medicine

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	0059	001	122v6	Claims, Web Interface, Registry, EHR	Intermediate Outcome	Effective Clinical Care	<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%):</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	National Committee for Quality Assurance
§	0081	005	135v6	Registry, EHR	Process	Effective Clinical Care	<b>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	0067	006	N/A	Registry	Process	Effective Clinical Care	<b>Chronic Stable Coronary Artery Disease: Antiplatelet Therapy:</b> 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.	American Heart Association
§	0070	007	145v6	Registry, EHR	Process	Effective Clinical Care	<b>Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	0083	008	144v6	Registry, EHR	Process	Effective Clinical Care	<b>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	105	009	128v6	EHR	Process	Effective Clinical Care	<p><b>Anti-Depressant Medication Management:</b>                      Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on antidepressant medication treatment.                      Two rates are reported                      a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)                      b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>	National Committee for Quality Assurance
!	0045	024	N/A	Claims, Registry	Process	Communication and Care Coordination	<p><b>Communication with the Physician or Other Clinician Managing Ongoing Care Post-Fracture for Men and Women Aged 50 Years and Older:</b>                      Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's ongoing care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication.</p>	National Committee for Quality Assurance
	0046	039	N/A	Claims, Registry	Process	Effective Clinical Care	<p><b>Screening for Osteoporosis for Women Aged 65-85 Years of Age:</b>                      Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.</p>	National Committee for Quality Assurance
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p><b>Care Plan:</b>                      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.</p>	National Committee for Quality Assurance

## B.7. Family Medicine (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	048	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	National Committee for Quality Assurance
!	N/A	050	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.	National Committee for Quality Assurance
!!	0069	065	154v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI):</b> Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or 3 days after the episode.	National Committee for Quality Assurance
!!	N/A	066	146v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Testing for Children with Pharyngitis:</b> Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	National Committee for Quality Assurance
!!	0653	091	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.	American Academy of Otolaryngology - Head and Neck Surgery
!!	0654	093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.	American Academy of Otolaryngology - Head and Neck Surgery

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0104	107	161v6	EHR	Process	Effective Clinical Care	<b>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	N/A	109	N/A	Claims, Registry	Process	Person and Caregiver Centered Experience and Outcomes	<b>Osteoarthritis (OA): Function and Pain Assessment:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.	American Academy of Orthopedic Surgeons
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0043	111	127v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Pneumococcal Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	National Committee for Quality Assurance
§	2372	112	125v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Breast Cancer Screening:</b> Percentage of women 50 -74 years of age who had a mammogram to screen for breast cancer.	National Committee for Quality Assurance

**Comment:** One commenter stated that claims reporting for measure Q112 does not have an option (code) to report patient’s refusal to have procedure done, when it is documented in a patient’s medical record.

**Response:** Most of the MIPS measures are submitted by measure stewards and owners from the medical community. Accordingly, we publish quality measures to align with the measure stewards’ intent and approval. In this case, the measure steward does not allow patient refusals for this measure. We understand the commenter’s concern; however, all eligible clinicians submitting measure Q112, regardless of data submission method, will not have the ability to submit a patient refusal and therefore are comparable when calculating the performance of the measure.

**FINAL ACTION:** We are finalizing this measure for inclusion in this measure set as proposed for the 2018 Performance Period and future years.

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0034	113	130v6	Claims, Web Interface, Registry, EHR, EHREHR	Process	Effective Clinical Care	<b>Colorectal Cancer Screening:</b> Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer.	National Committee for Quality Assurance
<p><b>Comment:</b> One commenter stated that claims reporting for measure Q113 does not have an option (code) to report patient’s refusal to have procedure done, when it is documented in a patient’s medical record.</p> <p><b>Response:</b> Most of the MIPS measures are submitted by measure stewards and owners from the medical community. Accordingly, we publish quality measures to align with the measure stewards’ intent and approval. In this case, the measure steward does not allow patient refusals for this measure. We understand the commenter’s concern; however, all eligible clinicians submitting measure Q113, regardless of data submission method, will not have the ability to submit a patient refusal and therefore are comparable when calculating the performance of the measure.</p> <p><b>FINAL ACTION:</b> We are finalizing this measure for inclusion in this measure set as proposed for the 2018 Performance Period and future years.</p>								
§ !!	0058	116	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:</b> Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	National Committee for Quality Assurance
§	0055	117	131v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Eye Exam:</b> Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	National Committee for Quality Assurance
§	0062	119	134v4	Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Medical Attention for Nephropathy:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	National Committee for Quality Assurance
	0417	126	N/A	Registry	Process	Effective Clinical Care	<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy –Neurological Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.	American Podiatric Medical Association

## B.7. Family Medicine (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous 12 months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2.	Centers for Medicare & Medicaid Services
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0418	134	2v77	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Centers for Medicare & Medicaid Services
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	National Committee for Quality Assurance
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	National Committee for Quality Assurance



**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0056	163	123v6	EHR	Process	Effective Clinical Care	<b>Comprehensive Diabetes Care: Foot Exam:</b> 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.	National Committee for Quality Assurance
!	NA	181	N/A	Claims, Registry	Process	Patient Safety	<b>Elder Maltreatment Screen and Follow-Up Plan:</b> Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen.	Centers for Medicare & Medicaid Services
§	0068	204	164v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet:</b> Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.	National Committee for Quality Assurance
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	0022	238	156v6	Registry, EHR	Process	Patient Safety	<p><b>Use of High-Risk Medications in the Elderly:</b>                      Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported.                      a. Percentage of patients who were ordered at least one high-risk medication.                      b. Percentage of patients who were ordered at least two of the same high-risk medications.</p>	National Committee for Quality Assurance
	0643	243	N/A	Registry	Process	Communication and Care Coordination	<p><b>Cardiac Rehabilitation Patient Referral from an Outpatient Setting:</b>                      Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.</p>	American College of Cardiology Foundation
	0004	305	137v6	EHR	Process	Effective Clinical Care	<p><b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:</b>                      Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.                      a. Percentage of patients who initiated treatment within 14 days of the diagnosis.                      b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</p>	National Committee for Quality Assurance

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0032	309	124v6	EHR	Process	Effective Clinical Care	<p><b>Cervical Cancer Screening:</b> Percentage of women 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/human papillomavirus (HPV) co-testing performed every 5 years.</li> </ul>	National Committee for Quality Assurance
	N/A	317	22v6	Claims, Registry, EHR	Process	Community /Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
* § !	0005 & 0006	321	N/A	CMS-approved Survey Vendor	Patient Engagement/Experience	Person and Caregiver-Centered Experience and Outcomes	<p><b>CAHPS for MIPS Clinician/Group Survey:</b> <u>Summary Survey Measures may include:</u></p> <ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and Information;</li> <li>• How well Providers Communicate;</li> <li>• Patient’s Rating of Provider;</li> <li>• Access to Specialists;</li> <li>• Health Promotion and Education;</li> <li>• Shared Decision-Making;</li> <li>• Health Status and Functional Status;</li> <li>• Courteous and Helpful Office Staff;</li> <li>• Care Coordination;</li> <li>• Stewardship of Patient Resources.</li> </ul>	Agency for Healthcare Research & Quality (AHRQ)
§	1525	326	N/A	Claims, Registry	Process	Effective Clinical Care	<p><b>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism.</p>	American College of Cardiology

## B.7. Family Medicine (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	331	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse):</b> Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.	American Academy of Otolaryngology -Head and Neck Surgery
!!	N/A	332	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use):</b> Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis.	American Academy of Otolaryngology -Head and Neck Surgery
!!	N/A	333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.	American Academy of Otolaryngology -Head and Neck Surgery
!!	N/A	334	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis.	American Academy of Otolaryngology -Head and Neck Surgery
	N/A	337	N/A	Registry	Process	Effective Clinical Care	<b>Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier:</b> Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test.	American Academy of Dermatology

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	2082	338	N/A	Registry	Outcome	Effective Clinical Care	<b>HIV Viral Load Suppression:</b> The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	Health Resources and Services Administration
!	N/A	342	N/A	Registry	Outcome	Person and Caregiver-Centered Experience and Outcomes	<b>Pain Brought Under Control Within 48 Hours:</b> Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours.	National Hospice and Palliative Care Organization
§ !	0710	370	159v6	Web Interface, Registry, EHR	Outcome	Effective Clinical Care	<b>Depression Remission at Twelve Months:</b> Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	MN Community Measurement
	0712	371	160v6	EHR	Process	Effective Clinical Care	<b>Depression Utilization of the PHQ-9 Tool:</b> Patients age 18 and older with the diagnosis of major depression or dysthymia who have a Patient Health Questionnaire (PHQ-9) tool administered at least once during a 4-month period in which there was a qualifying visit.	MN Community Measurement
	N/A	373	65v7	EHR	Intermediate Outcome	Effective Clinical Care	<b>Hypertension: Improvement in Blood Pressure:</b> Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	377	90v7	EHR	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Functional Status Assessments for Congestive Heart Failure:</b> Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.	Centers for Medicare & Medicaid Services
!	1879	383	N/A	Registry	Intermediate Outcome	Patient Safety	<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia:</b> Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).	National Committee for Quality Assurance
	N/A	387	N/A	Registry	Process	Effective Clinical Care	<b>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users:</b> Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period	Physician Consortium for Performance Improvement Foundation (PCPI®)
	1407	394	N/A	Registry	Process	Community/Population Health	<b>Immunizations for Adolescents:</b> The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday.	National Committee for Quality Assurance
!	N/A	398	N/A	Registry	Outcome	Effective Clinical Care	<b>Optimal Asthma Control:</b> Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools.	MN Community Measurement
§	N/A	400	N/A	Registry	Process	Effective Clinical Care	<b>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk:</b> Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection.	Physician Consortium for Performance Improvement Foundation (PCPI®)

## B.7. Family Medicine (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	N/A	401	N/A	Registry	Process	Effective Clinical Care	<b>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period.	American Gastroenterological Association
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
	N/A	408	N/A	Registry	Process	Effective Clinical Care	<b>Opioid Therapy Follow-up Evaluation:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.	American Academy of Neurology
	N/A	412	N/A	Registry	Process	Effective Clinical Care	<b>Documentation of Signed Opioid Treatment Agreement:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.	American Academy of Neurology
	N/A	414	N/A	Registry	Process	Effective Clinical Care	<b>Evaluation or Interview for Risk of Opioid Misuse:</b> All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP/SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record.	American Academy of Neurology
	0053	418	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Osteoporosis Management in Women Who Had a Fracture:</b> The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.	National Committee for Quality Assurance

**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	2152	431	N/A	Registry	Process	Community/Population Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
*	N/A	438	347v1	Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:</b> Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> <li>• Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>• Adults aged ≥21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR</li> <li>• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL</li> </ul>	Centers for Medicare & Medicaid Services
!	N/A	441	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<b>Ischemic Vascular Disease All or None Outcome Measure (Optimal Control):</b> The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) <ul style="list-style-type: none"> <li>• Using the IVD denominator optimal results include: Most recent blood pressure (BP) measurement is less than 140/90 mm Hg</li> <li>• And Most recent tobacco status is Tobacco Free</li> <li>• And Daily Aspirin or Other Antiplatelet Unless Contraindicated</li> </ul> And Statin Use.	Wisconsin Collaborative for Healthcare Quality (WCHQ)



**B.7. Family Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0071	442	N/A	Registry	Process	Effective Clinical Care	<b>Persistent Beta Blocker Treatment After a Heart Attack:</b> The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received were prescribed persistent beta-blocker treatment for six months after discharge.	National Committee for Quality Assurance
§ !!	N/A	443	N/A	Registry	Process	Patient Safety	<b>Non-Recommended Cervical Cancer Screening in Adolescent Females:</b> The percentage of adolescent females 16–20 years of age screened unnecessarily for cervical cancer.	National Committee for Quality Assurance
§ !	1799	444	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Medication Management for People with Asthma (MMA):</b> The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.	National Committee for Quality Assurance
§	N/A	447	N/A	Registry	Process	Community/ Population Health	<b>Chlamydia Screening and Follow-up:</b> The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period.	National Committee for Quality Assurance
	0657	464	N/A	Registry	Process	Patient Safety, Efficiency and Cost Reduction	<b>Otitis Media with Effusion (OME): Systemic Antimicrobials-Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials.	American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAOHNHF)

**Comment:** One commenter expressed concern that measure Q331: *Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)* and Q332: *Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)* are not able to be coded within an electronic health record. The commenter suggested there may be instances where prescribing antibiotics would be appropriate if they have severe or worsening symptoms.

**Response:** This measure is available for registry data submission only. It has not been developed for electronic health record data submission at this time. The measure allows the eligible clinician to submit a denominator exception for medical reasons when prescribing an antibiotic within 10 days of onset.

**FINAL ACTION:** We are finalizing the *Family Medicine Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.8. Internal Medicine**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	0059	001	122v6	Claims, Web Interface, Registry, EHR	Intermediate Outcome	Effective Clinical Care	<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%):</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	National Committee for Quality Assurance
§	0081	005	135v6	Registry, EHR	Process	Effective Clinical Care	<b>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	0067	006	N/A	Registry	Process	Effective Clinical Care	<b>Chronic Stable Coronary Artery Disease (CAD): Antiplatelet Therapy:</b> 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.	American Heart Association
§	0070	007	145v6	Registry, EHR	Process	Effective Clinical Care	<b>Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0083	008	144v6	Registry, EHR	Process	Effective Clinical Care	<p><b>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b>                      Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.</p>	Physician Consortium For Performance Improvement
	0105	009	128v6	EHR	Process	Effective Clinical Care	<p><b>Anti-Depressant Medication Management:</b>                      Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on antidepressant medication treatment.                      Two rates are reported                      a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)                      b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>	National Committee for Quality Assurance
!	0045	024	N/A	Claims, Registry	Process	Communication and Care Coordination	<p><b>Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older:</b>                      Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication.</p>	National Committee for Quality Assurance

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0046	039	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Screening for Osteoporosis for Women Aged 65-85 Years of Age:</b> Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.	National Committee for Quality Assurance
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> 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.	National Committee for Quality Assurance
	N/A	048	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	National Committee for Quality Assurance
!	N/A	050	N/A	Claims, Registry	Process	Person and Caregiver Centered Experience and Outcomes	<b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.	National Committee for Quality Assurance
!!	0653	091	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.	American Academy of Otolaryngology-Head and Neck Surgery
!!	0654	093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.	American Academy of Otolaryngology-Head and Neck Surgery

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0055	117	131v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Eye Exam:</b> Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	National Committee for Quality Assurance
§	0062	119	134v6	Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Medical Attention for Nephropathy:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	National Committee for Quality Assurance
	0417	126	N/A	Registry	Process	Effective Clinical Care	<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.	American Podiatric Medical Association
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2.	Centers for Medicare & Medicaid Services

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0418	134	2v7	Claims, Web Interface, Registry, EHR	Process	Community/ Population Health	<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Centers for Medicare & Medicaid Services
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	National Committee for Quality Assurance
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	National Committee for Quality Assurance
§	0056	163	123v6	EHR	Process	Effective Clinical Care	<b>Comprehensive Diabetes Care: Foot Exam:</b> 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.	National Committee for Quality Assurance

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	181	N/A	Claims, Registry	Process	Patient Safety	<b>Elder Maltreatment Screen and Follow-Up Plan:</b> Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen.	Centers for Medicare & Medicaid Services
§	0068	204	164v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet:</b> Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.	National Committee for Quality Assurance
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

## B.8. Internal Medicine (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	0022	238	156v6	EHR, Registry	Process	Patient Safety	<p><b>Use of High-Risk Medications in the Elderly:</b> Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported.</p> <p>a. Percentage of patients who were ordered at least one high-risk medication.</p> <p>b. Percentage of patients who were ordered at least two of the same high-risk medications.</p>	National Committee for Quality Assurance
	0643	243	N/A	Registry	Process	Communication and Care Coordination	<p><b>Cardiac Rehabilitation Patient Referral from an Outpatient Setting:</b> Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.</p>	American College of Cardiology Foundation
	0004	305	137v6	EHR	Process	Effective Clinical Care	<p><b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:</b> Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.</p> <p>a. Percentage of patients who initiated treatment within 14 days of the diagnosis.</p> <p>b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</p>	National Committee for Quality Assurance



**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0032	309	124v6	EHR	Process	Effective Clinical Care	<p><b>Cervical Cancer Screening:</b> Percentage of women 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/human papillomavirus (HPV) co-testing performed every 5 years.</li> </ul>	National Committee for Quality Assurance
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
* § !	0005 & 0006	321	N/A	CMS-approved Survey Vendor	Patient Engagement/Experience	Person and Caregiver-Centered Experience and Outcomes	<p><b>CAHPS for MIPS Clinician/Group Survey:</b> <u>Summary Survey Measures may include:</u></p> <ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and Information;</li> <li>• How well Providers Communicate;</li> <li>• Patient’s Rating of Provider;</li> <li>• Access to Specialists;</li> <li>• Health Promotion and Education;</li> <li>• Shared Decision-Making;</li> <li>• Health Status and Functional Status;</li> <li>• Courteous and Helpful Office Staff;</li> <li>• Care Coordination;</li> <li>• Stewardship of Patient Resources.</li> </ul>	Agency for Healthcare Research & Quality (AHRQ)

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	1525	326	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism.	American College of Cardiology
!!	N/A	331	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse):</b> Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.	American Academy of Otolaryngology -Head and Neck Surgery
!!	N/A	332	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use):</b> Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis.	American Academy of Otolaryngology -Head and Neck Surgery
!!	N/A	333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.	American Academy of Otolaryngology -Head and Neck Surgery

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	334	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis.	American Academy of Otolaryngology-Head and Neck Surgery
	N/A	337	N/A	Registry	Process	Effective Clinical Care	<b>Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier:</b> Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test.	American Academy of Dermatology
§ !	2082	338	N/A	Registry	Outcome	Effective Clinical Care	<b>HIV Viral Load Suppression:</b> The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	Health Resources and Services Administration
!	N/A	342	N/A	Registry	Outcome	Person and Caregiver-Centered Experience and Outcomes	<b>Pain Brought Under Control Within 48 Hours:</b> Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours.	National Hospice and Palliative Care Organization

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	0710	370	159v6	Web Interface, Registry, EHR	Outcome	Effective Clinical Care	<b>Depression Remission at Twelve Months:</b> Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	MN Community Measurement
	0712	371	160v6	EHR	Process	Effective Clinical Care	<b>Depression Utilization of the PHQ-9 Tool:</b> Patients age 18 and older with the diagnosis of major depression or dysthymia who have a Patient Health Questionnaire (PHQ-9) tool administered at least once during a 4-month period in which there was a qualifying visit.	MN Community Measurement
	N/A	373	65v7	EHR	Intermediate Outcome	Effective Clinical Care	<b>Hypertension: Improvement in Blood Pressure:</b> Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	377	90v7	EHR	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Functional Status Assessments for Congestive Heart Failure:</b> Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.	Centers for Medicare & Medicaid Services

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	1879	383	N/A	Registry	Intermediate Outcome	Patient Safety	<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia:</b> Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).	National Committee for Quality Assurance
	N/A	387	N/A	Registry	Process	Effective Clinical Care	<b>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users:</b> Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	N/A	398	N/A	Registry	Outcome	Effective Clinical Care	<b>Optimal Asthma Control:</b> Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools.	Minnesota Community Measurement
§	N/A	400	N/A	Registry	Process	Effective Clinical Care	<b>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk:</b> Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	N/A	401	N/A	Registry	Process	Effective Clinical Care	<b>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period.	American Gastroenterological Association/ American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology

**B.8. Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	402	N/A	Registry	Process	Community / Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
	N/A	408	N/A	Registry	Process	Effective Clinical Care	<b>Opioid Therapy Follow-up Evaluation:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.	American Academy of Neurology
	N/A	412	N/A	Registry	Process	Effective Clinical Care	<b>Documentation of Signed Opioid Treatment Agreement:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.	American Academy of Neurology
	N/A	414	N/A	Registry	Process	Effective Clinical Care	<b>Evaluation or Interview for Risk of Opioid Misuse:</b> All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record.	American Academy of Neurology
	0053	418	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Osteoporosis Management in Women Who Had a Fracture:</b> The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.	National Committee for Quality Assurance

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	2152	431	N/A	Registry	Process	Community / Population Health	<p><b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b>                      Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.8 Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	N/A	438	347v1	Web Interface, Registry, EHR	Process	Effective Clinical Care	<p><b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:</b>                      Percentage of the following patients: all considered at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> <li>• Adults aged <math>\geq 21</math> years who were previously diagnosed with or currently have an active diagnosis of clinical athero-sclerotic cardiovascular disease(ASCVD);</li> <li>OR</li> <li>• Adults aged <math>\geq 21</math> years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level <math>\geq 190</math> mg/dL; OR</li> <li>• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.</li> </ul>	Centers for Medicare & Medicaid Services
!	N/A	441	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<p><b>Ischemic Vascular Disease All or None Outcome Measure (Optimal Control):</b> The IVD All-or- None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator.</p> <p>All-or-None Outcome Measure (Optimal Control)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Using the IVD denominator optimal results include: Most recent blood pressure (BP) measurement is less than 140/90 mm Hg</li> <li><input type="checkbox"/> And Most recent tobacco status is Tobacco Free</li> <li><input type="checkbox"/> And Daily Aspirin or Other Antiplatelet Unless Contraindicated And Statin Use.</li> </ul>	Wisconsin Collaborative for Healthcare Quality (WCHQ)
§	0071	442	N/A	Registry	Process	Effective Clinical Care	<p><b>Persistent Beta Blocker Treatment After a Heart Attack:</b>                      The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received were prescribed persistent beta-blocker treatment for six months after discharge.</p>	National Committee for Quality Assurance



**B.8 Internal Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !!	N/A	443	N/A	Registry	Process	Patient Safety	<b>Non-Recommended Cervical Cancer Screening in Adolescent Females:</b> The percentage of adolescent females 16–20 years of age screened unnecessarily for cervical cancer.	National Committee for Quality Assurance
§ !	1799	444	NA	Registry	Process	Efficiency and Cost Reduction	<b>Medication Management for People with Asthma (MMA):</b> The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.	National Committee for Quality Assurance
§	N/A	447	N/A	Registry	Process	Community/ Population Health	<b>Chlamydia Screening and Follow-up:</b> The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period.	National Committee for Quality Assurance

**Comment:** One commenter expressed concern that measures Q331: *Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)* and measure Q332: *Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)* are not able to be coded within an electronic health record. The commenter also noted there may be instances where prescribing antibiotics would be appropriate if they have severe or worsening symptoms.

**Response:** This measure is available for registry data submission only. It has not been developed for electronic health record data submission at this time. The measure allows the eligible clinician to submit a denominator exception for medical reasons when prescribing an antibiotic within 10 days of onset.

**FINAL ACTION:** We are finalizing the *Internal Medicine Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.9. Obstetrics/Gynecology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> 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.	National Committee for Quality Assurance
	N/A	048	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	National Committee for Quality Assurance
!	N/A	050	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.	National Committee for Quality Assurance
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.9. Obstetrics/Gynecology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	2372	112	125v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Breast Cancer Screening:</b> Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer.	National Committee for Quality Assurance
<p><b>Comment:</b> One commenter stated that claims reporting for measure Q112 does not have an option (code) to report patient's refusal to have procedure done, when it is documented in a patient's medical record.</p> <p><b>Response:</b> Most of the MIPS measures are submitted by measure stewards and owners from the medical community. Accordingly, we publish quality measures to align with the measure stewards' intent and approval. In this case, the measure steward does not allow patient refusals for this measure. We understand the commenter's concern; however, all eligible clinicians submitting measure Q112, regardless of data submission method, will not have the ability to submit a patient refusal and therefore are comparable when calculating the performance of the measure.</p> <p><b>FINAL ACTION:</b> We are finalizing this measure for inclusion in this measure set as proposed for the 2018 Performance Period and future years.</p>								
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2.	Centers for Medicare & Medicaid Services
	0419	130	68v7	Claims, Registry, EHR,	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

**B.9. Obstetrics/Gynecology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
§ !	0018	236	165v6	Claims, Web Interface, Registry, EHR	Intermediate Outcome	Effective Clinical Care	<p><b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90mmHg) during the measurement period.</p>	National Committee for Quality Assurance
!	N/A	265	N/A	Registry	Process	Communication and Care Coordination	<p><b>Biopsy Follow Up:</b> Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician.</p>	American Academy of Dermatology
§	0032	309	124v6	EHR	Process	Effective Clinical Care	<p><b>Cervical Cancer Screening:</b> Percentage of women 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/human papillomavirus (HPV) co-testing performed every 5 years.</li> </ul>	National Committee for Quality Assurance
	0033	310	153v6	EHR	Process	Community/Population Health	<p><b>Chlamydia Screening for Women:</b> Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.</p>	National Committee for Quality Assurance

**B.9. Obstetrics/Gynecology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	N/A	369	158v6	EHR	Process	Effective Clinical Care	<b>Pregnant women that had HBsAg testing:</b> This measure identifies pregnant women who had an HBsAg (hepatitis B) test during their pregnancy.	OptumInsight
*	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
	0053	418	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Osteoporosis Management in Women Who Had a Fracture:</b> The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.	National Committee for Quality Assurance
	2063	422	N/A	Claims, Registry	Process	Patient Safety	<b>Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury:</b> Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse.	American Urogynecological Society

**B.9. Obstetrics/Gynecology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	428	N/A	Registry	Process	Effective Clinical Care	<b>Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence:</b> Percentage of patients undergoing appropriate preoperative evaluation of stress urinary incontinence prior to pelvic organ prolapse surgery per ACOG/AUGS/AUA guidelines.	American Urogynecologic Society
	N/A	429	N/A	Claims, Registry	Process	Patient Safety	<b>Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy:</b> Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse.	American Urogynecologic Society
	2152	431	N/A	Registry	Process	Community/ Population Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	432	N/A	Registry	Outcome	Patient Safety	<b>Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 1 month after surgery.	American Urogynecologic Society
!	N/A	433	N/A	Registry	Outcome	Patient Safety	<b>Proportion of Patients Sustaining a Bowel Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by a bowel injury at the time of index surgery that is recognized intraoperatively or within 1 month after surgery.	American Urogynecologic Society

**B.9. Obstetrics/Gynecology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	434	N/A	Registry	Outcome	Patient Safety	<b>Proportion of Patients Sustaining A Ureter Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 1 month after surgery.	American Urogynecologic Society
!!	§	N/A	443	N/A	Registry	Process	<b>Non-Recommended Cervical Cancer Screening in Adolescent Females:</b> The percentage of adolescent females 16–20 years of age screened unnecessarily for cervical cancer.	National Committee for Quality Assurance
§		N/A	447	N/A	Registry	Process	<b>Chlamydia Screening and Follow-up:</b> The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period.	National Committee for Quality Assurance
!	§	0567	448	N/A	Registry	Process	<b>Appropriate Work Up Prior to Endometrial Ablation:</b> Percentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial ablation.	Health Benchmarks-IMS Health
<p>We did not receive specific overarching comments regarding the <i>Obstetrics/Gynecology Specialty Measure Set</i>.</p> <p><b>FINAL ACTION:</b> We are finalizing the <i>Obstetrics/Gynecology Specialty Measure Set</i> as proposed for the 2018 Performance Period and future years.</p>								

**B.10. Ophthalmology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0086	012	143v6	Claims, Registry, EHR	Process	Effective Clinical Care	<b>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0087	014	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Age-Related Macular Degeneration (AMD): Dilated Macular Examination:</b> Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months.	American Academy of Ophthalmology
	0088	018	167v6	EHR	Process	Effective Clinical Care	<b>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	0089	019	142v6	Claims, Registry, EHR	Process	Communication and Care Coordination	<b>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Physician Consortium for Performance Improvement Foundation (PCPI®)



**B.10. Ophthalmology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0055	117	131v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Eye Exam:</b> Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	National Committee for Quality Assurance
	0419	130	68v7	Claims, Registry, EHR,	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0566	140	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement:</b> Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD.	American Academy of Ophthalmology
!	0563	141	N/A	Claims, Registry	Outcome	Communication and Care Coordination	<b>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care:</b> Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months.	American Academy of Ophthalmology

**B.10. Ophthalmology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0565	191	133v6	Registry, EHR	Outcome	Effective Clinical Care	<b>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	0564	192	132v6	Registry, EHR	Outcome	Patient Safety	<b>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures:</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.	Physician Consortium for Performance Improvement Foundation (PCPI®)
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	1536	303	N/A	Registry	Outcome	Person Caregiver-Centered Experience and Outcomes	<b>Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey.	American Academy of Ophthalmology

**B.10. Ophthalmology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
!	N/A	384	N/A	Registry	Outcome	Effective Clinical Care	<b>Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery:</b> Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment who did not require a return to the operating room within 90 days of surgery.	American Academy of Ophthalmology
!	N/A	385	N/A	Registry	Outcome	Effective Clinical Care	<b>Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery:</b> Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye.	American Academy of Ophthalmology
!	N/A	388	N/A	Registry	Outcome	Patient Safety	<b>Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy):</b> Percentage of patients aged 18 years and older who had cataract surgery performed and had an unplanned rupture of the posterior capsule requiring vitrectomy.	American Academy of Ophthalmology
!	N/A	389	N/A	Registry	Outcome	Effective Clinical Care	<b>Cataract Surgery: Difference Between Planned and Final Refraction:</b> Percentage of patients aged 18 years and older who had cataract surgery performed and who achieved a final refraction within +/- 0.5 diopters of their planned (target) refraction.	American Academy of Ophthalmology

**B.10. Ophthalmology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance

**Comment:** One commenter opposed the proposed addition of measure Q402 to this measure set. The commenter stated that the measure is not relevant to most ophthalmologists as the vast majority of ophthalmic patients are adults.

**Response:** We agree with the commenter that measure Q402 is not relevant to this measure set. Therefore, we will not finalize the inclusion of this measure in this measure set.

**Comment:** One commenter stated that many optometrists do not have measures available that reflect to their scope of care. The commenter requested that CMS consider adding additional measures for all specialties to ensure there are sufficient measures available for all specialists.

**Response:** We look to expand the number of quality measures available through the annual Call for Measures process. Eligible clinicians are encouraged to collaborate with specialty societies to ensure quality measures are available by submitting to the Call for Measures or adding specific specialty coding to current quality measures.

**Comment:** One commenter supported the removal of Q47, Q304, and Q317 from the *Ophthalmology Specialty Measure Set*. Additionally, the commenter encouraged CMS to remove measure Q303 from the measure set because they viewed this measure to be dependent on a patient satisfaction survey and, as such, noted reporting this measure on 50 percent of patients is not feasible and adds burden.

**Response:** We thank the commenter for their support. We believe measure Q303 does not add burden because the measure indicates the outcome of the surgery and is not dependent on a patient satisfaction survey.

**FINAL ACTION:** We are finalizing the *Ophthalmology Specialty Measure Set* as proposed for the 2018 Performance Period and future years. However, measure Q402 will be removed as noted above.

**B.11. Orthopedic Surgery**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0268	021	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis.	American Society of Plastic Surgeons
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	American Society of Plastic Surgeons
!	0045	024	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Communication with the Physician or Other Clinician Managing Ongoing Care Post-Fracture for Men and Women Aged 50 Years and Older:</b> Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient’s ongoing care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication.	National Committee for Quality Assurance

**B.11. Orthopedic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	0097	046	N/A	Claims, Web Interface, Registry	Process	Communication and Care Coordination	<p><b>Medication Reconciliation Post-Discharge:</b> The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record. This measure is reported as three rates stratified by age group:</p> <ul style="list-style-type: none"> <li>• Reporting Criteria 1: 18-64 years of age</li> <li>• Reporting Criteria 2: 65 years and older</li> <li>• Total Rate: All patients 18 years of age and older.</li> </ul>	National Committee for Quality Assurance
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p><b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.</p>	National Committee for Quality Assurance
!	N/A	109	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<p><b>Osteoarthritis (OA): Function and Pain Assessment:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.</p>	American Academy of Orthopedic Surgeons
* §	0421	128	69v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<p><b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI =&gt; 18.5 and &lt; 25 kg/m2.</p>	Centers for Medicare & Medicaid Services

**B.11. Orthopedic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	0420	131	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Pain Assessment and Follow-Up:</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.	Centers for Medicare & Medicaid Services
	0418	134	2v7	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Centers for Medicare & Medicaid Services
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	National Committee for Quality Assurance
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	National Committee for Quality Assurance
	N/A	178	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Functional Status Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.	American College of Rheumatology

**B.11. Orthopedic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	179	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months.	American College of Rheumatology
	N/A	180	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Glucocorticoid Management</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months.	American College of Rheumatology
* §	0028	226	138v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	0101	318	139v6	EHR, Web Interface	Process	Patient Safety	<b>Falls: Screening for Future Fall Risk:</b> Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	National Committee for Quality Assurance



**B.11. Orthopedic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	350	N/A	Registry	Process	Communication and Care Coordination	<b>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy:</b> Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure.	American Association of Hip and Knee Surgeons
!	N/A	351	N/A	Registry	Process	Patient Safety	<b>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation:</b> Percentage of patients regardless of age undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke).	American Association of Hip and Knee Surgeons
!	N/A	352	N/A	Registry	Process	Patient Safety	<b>Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet:</b> Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet.	American Association of Hip and Knee Surgeons
!	N/A	353	N/A	Registry	Process	Patient Safety	<b>Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report:</b> Percentage of patients regardless of age undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant.	American Association of Hip and Knee Surgeons
!	N/A	358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon.	American Association of Hip and Knee Surgeons

**B.11. Orthopedic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
* !	N/A	375	66v6	EHR	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Functional Status Assessment for Total Knee Replacement:</b> Changes to the measure description: Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Centers for Medicare & Medicaid Services
!	N/A	376	56v6	EHR	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Functional Status Assessment for Total Hip Replacement:</b> Percentage of patients 18 years of age and older with who received an elective primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
	N/A	408	N/A	Registry	Process	Effective Clinical Care	<b>Opioid Therapy Follow-up Evaluation:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.	American Academy of Neurology
	N/A	412	N/A	Registry	Process	Effective Clinical Care	<b>Documentation of Signed Opioid Treatment Agreement:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.	American Academy of Neurology

**B.11. Orthopedic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	414	N/A	Registry	Process	Effective Clinical Care	<b>Evaluation or Interview for Risk of Opioid Misuse:</b> All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record	American Academy of Neurology
	0053	418	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Osteoporosis Management in Women Who Had a Fracture:</b> The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture	National Committee for Quality Assurance
	N/A	459	N/A	Registry	Outcome	Person and Caregiver-Centered Experience and Outcomes	<b>Average Change in Back Pain Following Lumbar Discectomy / Laminotomy:</b> The average change (preoperative to three months postoperative) in back pain for patients 18 years of age or older who had lumbar discectomy / laminotomy procedure	MN Community Measurement
	N/A	460	N/A	Registry	Outcome	Person and Caregiver-Centered Experience and Outcomes	<b>Average Change in Back Pain Following Lumbar Fusion:</b> The average change (preoperative to one year postoperative) in back pain for patients 18 years of age or older who had lumbar spine fusion surgery	MN Community Measurement
	N/A	461	N/A	Registry	Outcome	Person and Caregiver-Centered Experience and Outcomes	<b>Average Change in Leg Pain Following Lumbar Discectomy / Laminotomy:</b> The average change (preoperative to three months postoperative) in leg pain for patients 18 years of age or older who had lumbar discectomy / laminotomy procedure	MN Community Measurement

**Comment:** One commenter noted that quality measure Q350: *Total Knee Replacement: Shared Decision Making: Trial of Conservative (Non-surgical) Therapy* appears to satisfy the generally accepted principle of reserving elective surgical interventions for patients unable to achieve relief with conservative approaches. For this measure, the commenter urged CMS to harmonize the descriptive language for that measure with its title so that it reads: Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision-making with discussion and appropriate trial of conservative (non-surgical) therapy (for example, nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure. At a minimum, the commenter urged CMS to clarify that the measure envisions an appropriate trial of conservative therapies.

**Response:** We thank the commenter for the suggestion. We do not own this measure and encourage the commenter to work with the measure steward. The measure does not require “appropriate trial” to meet the quality action of the measure, but does require shared decision-making with discussion of conservative therapy.

**FINAL ACTION:** We are finalizing the *Orthopedic Surgery Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

## B.12. Otolaryngology

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0268	021	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
!!	0069	065	154v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI):</b> Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or 3 days after the episode	National Committee for Quality Assurance
!!	0653	091	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	American Academy of Otolaryngology-Head and Neck Surgery

**B.12. Otolaryngology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0654	093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	American Academy of Otolaryngology-Head and Neck Surgery
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0043	111	127v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Pneumococcal Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	National Committee for Quality Assurance
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	National Committee for Quality Assurance

**B.12. Otolaryngology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	National Committee for Quality Assurance
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening:</b> <b>Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	N/A	265	N/A	Registry	Process	Communication and Care Coordination	<b>Biopsy Follow Up:</b> Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	American Academy of Dermatology
	N/A	276	N/A	Registry	Process	Effective Clinical Care	<b>Sleep Apnea: Assessment of Sleep Symptoms:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness	American Academy of Sleep Medicine
	N/A	277	N/A	Registry	Process	Effective Clinical Care	<b>Sleep Apnea: Severity Assessment at Initial Diagnosis:</b> Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	American Academy of Sleep Medicine
	N/A	278	N/A	Registry	Process	Effective Clinical Care	<b>Sleep Apnea: Positive Airway Pressure Therapy Prescribed:</b> Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy	American Academy of Sleep Medicine

## B.12. Otolaryngology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	279	N/A	Registry	Process	Effective Clinical Care	<b>Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured	American Academy of Sleep Medicine
	N/A	317	22v6	Registry	Process	Community /Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
!!	N/A	331	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse):</b> Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A	332	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use):</b> Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A	333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A	334	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery

**B.12. Otolaryngology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	357	N/A	Registry	Outcome	Effective Clinical Care	<b>Surgical Site Infection (SSI):</b> Percentage of patients aged 18 years and older who had a surgical site infection (SSI)	American College of Surgeons
!	N/A	358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
!	N/A	398	N/A	Registry	Outcome	Effective Clinical Care	<b>Optimal Asthma Control:</b> Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools	Minnesota Community Measurement
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	2152	431	N/A	Registry	Process	Community/Population Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)



**B.12. Otolaryngology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0657	464	N/A	Registry	Process	Patient Safety, Efficiency and Cost Reduction	<b>Otitis Media with Effusion (OME): Systemic Antimicrobials- Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials.	American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF)

**Comment:** One commenter supported the expansion of the *Otolaryngology Specialty Measure Set*.

**Response:** We thank the commenter for their support.

**Comment:** One commenter requested that CMS add the following three measures to this measure set: NQF #0097 *Medication Reconciliation Post-Discharge*; NQF #1799 *Medication Management for People with Asthma (MMA)*; and Q66 *Appropriate Testing for Children with Pharyngitis*.

**Response:** Prior to rulemaking we solicit feedback from stakeholders with regards to measures that should be added or removed to existing specialty sets or the development of new specialty sets. These measures were not suggested additions as part of the feedback received from specialty stakeholders for the 2018 performance period. We ask the commenter to submit their feedback during this solicitation process for future consideration in rulemaking.

**FINAL ACTION:** We are finalizing the *Otolaryngology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.13. Pathology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0391	099	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:</b> Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade	College of American Pathologists
	0392	100	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:</b> Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade	College of American Pathologists
	1854	249	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Barrett's Esophagus:</b> Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia	College of American Pathologists
§	1853	250	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Radical Prostatectomy Pathology Reporting:</b> Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status	College of American Pathologists
	1855	251	N/A	Claims, Registry	Structure	Effective Clinical Care	<b>Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients:</b> This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the current ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer	College of American Pathologists

**B.13. Pathology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	395	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Lung Cancer Reporting (Biopsy/Cytology Specimens):</b> Pathology reports based on biopsy and/or cytology specimens with a diagnosis of primary nonsmall cell lung cancer classified into specific histologic type or classified as NSCLC-NOS with an explanation included in the pathology report	College of American Pathologists
!	N/A	396	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Lung Cancer Reporting (Resection Specimens):</b> Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type	College of American Pathologists
!	N/A	397	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Melanoma Reporting:</b> Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate	College of American Pathologists

**Comment:** Several commenters suggested that measures Q99: *Breast Cancer Resection Pathology Reporting*, Q100: *Colorectal Cancer Resection Pathology Reporting*, Q249: *Barrett’s Esophagus*, and Q250: *Radical Prostatectomy Pathology Reporting* should be identified as outcome measures.

**Response:** We have reviewed these measures and believe they are appropriately identified as process measures. Process measures are considered a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence that the measured process leads to a desired health outcome. We consider an outcome measure to be a measure that assesses the results of healthcare that are experienced by patients for clinical events, recovery and health status, experiences in the health system, and efficiency/cost. These measures ensure the pathology reporting includes all elements for appropriate diagnosis; however, these measures do not assess whether there is an improvement in the patient’s clinical outcome.

**Comment:** Several commenters supported the measures included in the *Pathology Specialty Measure Set*.

**Response:** We thank the commenters for their support.

**FINAL ACTION:** We are finalizing the *Pathology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.14. Pediatrics**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0069	065	154v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI):</b> Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or 3 days after the episode.	National Committee for Quality Assurance
!!	N/A	066	146v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Testing for Children with Pharyngitis:</b> Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	National Committee for Quality Assurance
!!	0653	091	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Acute Otitis External (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	American Academy of Otolaryngology-Head and Neck Surgery
!!	0654	093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Acute Otitis External (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	American Academy of Otolaryngology-Head and Neck Surgery
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0418	134	2v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Centers for Medicare & Medicaid Services
§	0405	160	52v6	EHR	Process	Effective Clinical Care	<b>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis:</b> Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis	National Committee for Quality Assurance

**B.14. Pediatrics (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0409	205	N/A	Registry	Process	Effective Clinical Care	<b>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis:</b> Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection	National Committee for Quality Assurance
	0024	239	155v6	EHR	Process	Community / Population Health	<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents:</b> Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. <input type="checkbox"/> Percentage of patients with height, weight, and body mass index (BMI) percentile documentation <input type="checkbox"/> Percentage of patients with counseling for nutrition <input type="checkbox"/> Percentage of patients with counseling for physical activity	National Committee for Quality Assurance
	0038	240	117v6	EHR	Process	Community / Population Health	<b>Childhood Immunization Status:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	National Committee for Quality Assurance

**B.14. Pediatrics (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0004	305	137v6	EHR	Process	Effective Clinical Care	<p><b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:</b>                      Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.                      a. Percentage of patients who initiated treatment within 14 days of the diagnosis.                      b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</p>	National Committee for Quality Assurance
	0033	310	153v6	EHR	Process	Community/ Population Health	<p><b>Chlamydia Screening for Women:</b>                      Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period</p>	National Committee for Quality Assurance
	0108	366	136v7	EHR	Process	Effective Clinical Care	<p><b>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication:</b>                      Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.                      a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.                      b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended</p>	National Committee for Quality Assurance
	N/A	379	74v7	EHR	Process	Effective Clinical Care	<p><b>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists:</b>                      Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period</p>	Centers for Medicare & Medicaid Services

**B.14. Pediatrics (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	1365	382	177v6	EHR	Process	Patient Safety	<b>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	0576	391	N/A	Registry	Process	Communication/Care Coordination	<b>Follow-up After Hospitalization for Mental Illness (FUH):</b> The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: <input type="checkbox"/> The percentage of discharges for which the patient received follow-up within 30 days of discharge <input type="checkbox"/> The percentage of discharges for which the patient received follow-up within 7 days of discharge	National Committee for Quality Assurance
	1407	394	N/A	Registry	Process	Community / Population Health	<b>Immunizations for Adolescents:</b> The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday	National Committee for Quality Assurance
!	N/A	398	N/A	Registry	Outcome	Effective Clinical Care	<b>Optimal Asthma Control:</b> Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools	MN Community Measurement
	N/A	402	NA	Registry	Process	Community / Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
§ !	1799	444	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Medication Management for People with Asthma (MMA):</b> The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.	National Committee for Quality Assurance

**B.14. Pediatrics (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	N/A	447	N/A	Registry	Process	Community/Population Health	<b>Chlamydia Screening and Follow-up:</b> The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period	National Committee for Quality Assurance
	0657	464	N/A	Registry	Process	Patient Safety, Efficiency and Cost Reduction	<b>Otitis Media with Effusion (OME): Systemic Antimicrobials-Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials.	American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAOHN SF)
	1516	TBD	N/A	Registry	Process	Community/Population Health	<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life:</b> The percentage of children 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.  <b>Note:</b> We are not finalizing the inclusion of the “Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life” measure because it has been determined in conjunction with the measure steward that there are analytical challenges in implementing this measure in a manner consistent with the intent of the measure.	National Committee for Quality Assurance
	1448	467	N/A	Registry	Process	Community/Population Health	<b>Developmental Screening in the First Three Years of Life:</b> The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.	Oregon Health & Science University

We did not receive specific comments regarding the *Pediatrics Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Pediatrics Specialty Measure Set* for the 2018 performance period and future years, with modification. We are not finalizing the inclusion of the “*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*” measure because it has been determined in conjunction with the measure steward that there are analytical challenges in implementing this measure in a manner consistent with the intent of the measure. We refer readers to Table A.8 under “Table Group A: New Quality Measures for Inclusion in MIPS for the 2018 Performance Period” of this MIPS Quality Measures appendix for additional information regarding this measure.



**B.15. Physical Medicine**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> 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.	National Committee for Quality Assurance
!	N/A	109	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Osteoarthritis (OA): Function and Pain Assessment:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	American Academy of Orthopedic Surgeons
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

**B.15. Physical Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0420	131	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Pain Assessment and Follow-Up:</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Centers for Medicare & Medicaid Services
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	National Committee for Quality Assurance
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	National Committee for Quality Assurance
!	2624	182	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Functional Outcome Assessment:</b> Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies	Centers for Medicare & Medicaid Services
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community / Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.15. Physical Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	317	22v6	Claims, Registry, EHR	Process	Community /Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community / Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	N/A	408	N/A	Registry	Process	Effective Clinical Care	<b>Opioid Therapy Follow-up Evaluation:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	American Academy of Neurology
	N/A	412	N/A	Registry	Process	Effective Clinical Care	<b>Documentation of Signed Opioid Treatment Agreement:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record	American Academy of Neurology
	N/A	414	N/A	Registry	Process	Effective Clinical Care	<b>Evaluation or Interview for Risk of Opioid Misuse:</b> All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record	American Academy of Neurology

**B.15. Physical Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	2152	431	N/A	Registry	Process	Community / Population Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**Comment:** One commenter requested that CMS add codes such as 99201-5 and 99211-5 to measure Q182: *Functional Outcome Assessment* to be reportable by physical medicine physicians. If CMS cannot add coding for the 2018 performance period, then the commenter requested that the measure be removed from the *Physical Medicine Specialty Measure Set*.

**Response:** We agree with the commenter. We maintain this measure and codes 99201-99205 and 99211-99215 have been added to measure Q182 for the 2018 performance period and future years.

**FINAL ACTION:** We are finalizing the *Physical Medicine Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.16. Plastic Surgery**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0268	021	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications’ name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

**B.16. Plastic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community /Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	317	22v6	Claims, Registry, EHR	Process	Community /Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b></p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP)</p>	Centers for Medicare & Medicaid Services
!	N/A	355	N/A	Registry	Outcome	Patient Safety	<p><b>Unplanned Reoperation within the 30 Day Postoperative Period:</b></p> <p>Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period</p>	American College of Surgeons
!	N/A	356	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Unplanned Hospital Readmission within 30 Days of Principal Procedure:</b></p> <p>Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure</p>	American College of Surgeons
!	N/A	357	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Surgical Site Infection (SSI):</b></p> <p>Percentage of patients aged 18 years and older who had a surgical site infection (SSI)</p>	American College of Surgeons

**B.16. Plastic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons

We did not receive specific comments regarding the *Plastic Surgery Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Plastic Surgery Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.17. Preventive Medicine**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0059	001	122v6	Claims, Web Interface, Registry, EHR	Intermediate Outcome	Effective Clinical Care	<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt; 9%):</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	National Committee for Quality Assurance
!	0045	024	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older:</b> Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication	National Committee for Quality Assurance
	0046	039	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Screening for Osteoporosis for Women Aged 65-85 Years of Age:</b> Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis	National Committee for Quality Assurance
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
	N/A	048	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	National Committee for Quality Assurance



**B.17. Preventive Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	109	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Osteoarthritis (OA): Function and Pain Assessment:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	American Academy of Orthopedic Surgeons
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0043	111	127v6	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	<b>Pneumococcal Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	National Committee for Quality Assurance
§	2372	112	125v6	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Breast Cancer Screening:</b> Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer	National Committee for Quality Assurance

**Comment:** One commenter stated that claims reporting for measure Q112 does not have an option (code) to report patient’s refusal to have procedure done, when it is documented in a patient’s medical record.

**Response:** Most of the MIPS measures are submitted by measure stewards and owners from the medical community. Accordingly, we publish quality measures to align with the measure stewards’ intent and approval. In this case, the measure steward does not allow patient refusals for this measure. We understand the commenter’s concern; however, all eligible clinicians submitting measure Q112, regardless of data submission method, will not have the ability to submit a patient refusal and therefore are comparable when calculating the performance of the measure.

**FINAL ACTION:** We are finalizing this measure for inclusion in this measure set as proposed for the 2018 Performance Period and future years.

* §	0034	113	130v66	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Colorectal Cancer Screening:</b> Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer.	National Committee for Quality Assurance
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**Comment:** One commenter stated that claims reporting for measure Q113 does not have an option (code) to report patient’s refusal to have procedure done, when it is documented in a patient’s medical record.

**Response:** Most of the MIPS measures are submitted by measure stewards and owners from the medical community. Accordingly, we publish quality measures to align with the measure stewards’ intent and approval. In this case, the measure steward does not allow patient refusals for this measure. We understand the commenter’s concern; however, all eligible clinicians submitting measure Q113, regardless of data submission method, will not have the ability to submit a patient refusal and therefore are comparable when calculating the performance of the measure.

**FINAL ACTION:** We are finalizing this measure for inclusion in this measure set as proposed for the 2018 Performance Period and future years.

**B.17. Preventive Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !!	0058	116	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:</b> Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	National Committee for Quality Assurance
§	0062	119	134v6	Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Medical Attention for Nephropathy:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	National Committee for Quality Assurance
	0417	126	N/A	Registry	Process	Effective Clinical Care	<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy –Neurological Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.	American Podiatric Medical Association
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

**B.17. Preventive Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0418	134	2v7	Claims, Web Interface, Registry, EHR	Process	Community/ Population Health	<b>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Centers for Medicare & Medicaid Services
<p><b>Comment:</b> A commenter suggested that measure Q134 be modified to specify the appropriate standardized screening tool validated in the ESRD population so that future outcomes can be compared across ESCOs.</p> <p><b>Response:</b> We thank the commenter for their suggestion to specify the appropriate standardized screening tool validated in the ESRD population and suggest the commenter explore a more specific measure for ESRD patients to submit for the call for measures. We allow any age appropriate standardized depression screening tool to be used for the screening portion of this measure. The tool should be a clinical or diagnostic tool to identify people at risk of developing or have signs of depression. Additionally, the measure intends that all patients aged 18 years and older who are not diagnosed with depression or bipolar disorder are screened for depression regardless of other clinical conditions.</p> <p><b>FINAL ACTION:</b> We are finalizing this measure for inclusion in this measure set as proposed for the 2018 Performance Period and future years.</p>								
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	National Committee for Quality Assurance
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	National Committee for Quality Assurance
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.17. Preventive Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	402	NA	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	2152	431	NA	Registry	Process	Community/Population Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
*	N/A	438	347v1	Web Interface, Registry, EHR	Process	Effective Clinical Care	<b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:</b> Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> <li>• Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>• Adults aged ≥21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR</li> <li>• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.</li> </ul>	Centers for Medicare & Medicaid Services

**B.17. Preventive Medicine (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
<p>We did not receive specific overarching comments regarding the <i>Preventive Medicine Specialty Measure Set</i>.</p> <p><b>FINAL ACTION:</b> We are finalizing the <i>Preventive Medicine Specialty Measure Set</i> as proposed for the 2018 Performance Period and future years.</p>								

**B.18. Neurology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> 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.	National Committee for Quality Assurance
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	National Committee for Quality Assurance
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	National Committee for Quality Assurance

**B.18. Neurology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	0028	226	138v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	1814	268	N/A	Claims, Registry	Process	Effective Clinical Care	<p><b>Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy:</b></p> <p>All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year</p>	American Academy of Neurology

**B.18.Neurology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	N/A	281	149v6	EHR	Process	Effective Clinical Care	<b>Dementia: Cognitive Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	282	N/A	Registry	Process	Effective Clinical Care	<b>Dementia: Functional Status Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12-month period	American Psychiatric Association and American Academy of Neurology
	N/A	283	N/A	Registry	Process	Effective Clinical Care	<b>Dementia: Neuro-psychiatric Symptom Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12-month period	American Psychiatric Association and American Academy of Neurology
!	N/A	286	N/A	Registry	Process	Patient Safety	<b>Safety Concern Screening and Follow-Up for Patients with Dementia:</b> Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening * in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.  <b>Note:</b> The measure title description have been updated due to inconsistencies between the measure tables as provided in the proposed rule.	American Psychiatric Association and American Academy of Neurology
!	N/A	288	N/A	Registry	Process	Communication and Care Coordination	<b>Dementia: Caregiver Education and Support:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12-month period	American Psychiatric Association and American Academy of Neurology



**B.18. Neurology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	290	N/A	Registry	Process	Effective Clinical Care	<b>Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease:</b> All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric symptoms (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) in the last 12 months	American Academy of Neurology
	N/A	291	N/A	Registry	Process	Effective Clinical Care	<b>Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment:</b> All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction in the last 12 months	American Academy of Neurology
!	N/A	293	N/A	Registry	Process	Communication and Care Coordination	<b>Parkinson's Disease: Rehabilitative Therapy Options:</b> All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed in the last 12 months	American Academy of Neurology
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services

## B.18. Neurology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	386	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences:</b> Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g. advance directives, invasive ventilation, hospice) at least once annually	American Academy of Neurology
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	N/A	408	N/A	Registry	Process	Effective Clinical Care	<b>Opioid Therapy Follow-up Evaluation:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	American Academy of Neurology
	N/A	412	N/A	Registry	Process	Effective Clinical Care	<b>Documentation of Signed Opioid Treatment Agreement:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record	American Academy of Neurology
	N/A	414	N/A	Registry	Process	Effective Clinical Care	<b>Evaluation or Interview for Risk of Opioid Misuse:</b> All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record	American Academy of Neurology
!!	N/A	419	N/A	Claims, Registry	Efficiency	Efficiency and Cost Reduction	<b>Overuse Of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination:</b> Percentage of patients with a diagnosis of primary headache disorder whom advanced brain imaging was not ordered	American Academy of Neurology

**B.18. Neurology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	2152	431	N/A	Registry	Process	Population/Community	<p><b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b>                      Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI)
!	N/A	435	N/A	Claims, Registry	Outcome	Effective Clinical Care	<p><b>Quality Of Life Assessment For Patients With Primary Headache Disorders:</b>                      Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved</p>	American Academy of Neurology
	N/A	286	N/A	Registry	Process	Patient Safety	<p><b>Safety Concern Screening and Follow-Up for Patients with Dementia:</b>                      Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening * in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.</p>	American Academy of Neurology

**B.18. Neurology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
<p><b>Comment:</b> One commenter requested that CMS add measures Q181 and Q134 to the Neurology specialty measure set.</p> <p><b>Response:</b> We did not propose to include measures Q181 and Q134 to the Neurology specialty measure set because these measures were not suggested during the stakeholder solicitation process. However, we will take this request into consideration for future rulemaking. Prior to rulemaking we solicit feedback from stakeholders with regards to measures that should be added or removed to existing specialty sets or the development of new specialty sets. This process began in January 2017 and lasted for about six weeks, during which we sent out a listserv message to stakeholders to solicit feedback on existing specialty sets (or for thoughts on new specialty sets) using quality measures that are currently in the program. We encourage the commenter to submit their feedback during our solicitation process for future consideration in rulemaking.</p> <p><b>Comment:</b> One commenter agreed with the inclusion of the Falls measures, Q154 and Q155, to the specialty measure set. The commenter also supported the removal of measures Q32, Q128, and Q294 from the specialty measure set. Another commenter also supported the removal of measure Q128.</p> <p><b>Response:</b> We thank the commenter for their support.</p> <p><b>Comment:</b> One commenter encouraged CMS to consider additional quality measures that support neurology subspecialties pertaining to multiple sclerosis, child neurology, essential tremor, and muscular dystrophy. Another commenter requested that CMS consider adding additional quality measures that were recently developed through collaboration between the American Academy of Neurology and the American Psychiatric Association that are highly indicative of high-quality, patient-centered care for patients with Alzheimer’s, Parkinson’s and related dementias</p> <p><b>Response:</b> We look to expand the number of quality measures through the annual Call for Measures process. We encourage the commenters to submit quality measures through the Call for Measures process that are applicable to the subspecialty when the measures are fully tested and developed. : Prior to rulemaking we solicit feedback from stakeholders with regards to measures that should be added or removed to existing specialty sets or the development of new specialty sets. This process began in January 2017 and lasted for about six weeks, during which we sent out a listserv message to stakeholders, which was shared further with medical and specialty societies for further distribution to their stakeholders, to solicit feedback/thoughts on existing specialty sets (or for thoughts on new specialty sets) using quality measures that are currently in the program. We encourage the commenter to provide feedback during this process for consideration in future rule making.</p> <p><b>Comment:</b> One commenter supported the CMS proposal to maintain, or retire and replace, the quality measures that focus on dementia care management.</p> <p><b>Response:</b> We thank the commenter for their support.</p> <p><b>FINAL ACTION:</b> We are finalizing the <i>Neurology Specialty Measure Set</i> as proposed for the 2018 Performance Period and future years.</p>								

**B.19. Mental/Behavioral Health**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	105	009	128v6	EHR	Process	Effective Clinical Care	<p><b>Anti-Depressant Medication Management:</b>                      Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on antidepressant medication treatment.                      Two rates are reported:                      a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)                      b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</p>	National Committee for Quality Assurance
	0104	107	161v6	EHR	Process	Effective Clinical Care	<p><b>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment:</b>                      Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.</p>	Physician Consortium for Performance Improvement
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	<p><b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b>                      Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.                      Normal Parameters:                      Age 18 years and older BMI =&gt; 18.5 and &lt; 25 kg/m2</p>	Centers for Medicare & Medicaid Services

**B.19. Mental/Behavioral Health (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0418	134	2v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Centers for Medicare & Medicaid Services
!	N/A	181	N/A	Claims, Registry	Process	Patient Safety	<b>Elder Maltreatment Screen and Follow-Up Plan:</b> Percentage of patients aged 65 years and older with a documented elder mal-treatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen	Centers for Medicare & Medicaid Services
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.19. Mental/Behavioral Health (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	N/A	281	149v6	EHR	Process	Effective Clinical Care	<b>Dementia: Cognitive Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	282	N/A	Registry	Process	Effective Clinical Care	<b>Dementia: Functional Status Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12-month period	American Psychiatric Association and American Academy of Neurology
	N/A	283	N/A	Registry	Process	Effective Clinical Care	<b>Dementia: Neuropsychiatric Symptom Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12-month period	American Psychiatric Association and American Academy of Neurology
!	N/A	286	N/A	Registry	Process	Patient Safety	<b>Safety Concern Screening and Follow-Up for Patients with Dementia:</b> Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening * in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.  <b>Note:</b> This measure title description have been updated since the NPRM due to inconsistencies between the measure tables.	American Psychiatric Association and American Academy of Neurology
!	N/A	288	N/A	Registry	Process	Communication and Care Coordination	<b>Dementia: Caregiver Education and Support:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12-month period	American Psychiatric Association and American Academy of Neurology

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	317	22v6	Claims, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services

**B.19. Mental/Behavioral Health (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	325	N/A	Registry	Process	Communication/ Care Coordination	<b>Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions:</b> Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition	American Psychiatric Association
	0108	366	136v7	EHR	Process	Effective Clinical Care	<b>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication:</b> Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	National Committee for Quality Assurance



Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	367	169v6	EHR	Process	Effective Clinical Care	<b>Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use:</b> Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	Center for Quality Assessment and Improvement in Mental Health

**B.19. Mental/Behavioral Health (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	0710	370	159v6	Web Interface, Registry, EHR	Outcome	Effective Clinical Care	<b>Depression Remission at Twelve Months:</b> Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	MN Community Measurement
	0712	371	160v6	EHR	Process	Effective Clinical Care	<b>Depression Utilization of the PHQ-9 Tool:</b> Patients age 18 and older with the diagnosis of major depression or dysthymia who have a Patient Health Questionnaire (PHQ-9) tool administered at least once during a 4-month period in which there was a qualifying visit	MN Community Measurement
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
!	1365	382	177v5	EHR	Process	Patient Safety	<b>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.19. Mental/Behavioral Health (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	1879	383	N/A	Registry	Intermediate Outcome	Patient Safety	<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia:</b> Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months)	National Committee for Quality Assurance
!	0576	391	N/A	Registry	Process	Communication/ Care Coordination	<b>Follow-up After Hospitalization for Mental Illness (FUH):</b> The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: <input type="checkbox"/> The percentage of discharges for which the patient received follow-up within 30 days of discharge <input type="checkbox"/> The percentage of discharges for which the patient received follow-up within 7 days of discharge	National Committee for Quality Assurance
	N/A	402	NA	Registry	Process	Community/ Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
!	0711	411	N/A	Registry	Outcome	Effective Clinical Care	<b>Depression Remission at Six Months:</b> Adult patients age 18 years and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six 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 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 six months (+/- 30 days) are also included in the denominator	MN Community Measurement

**B.19. Mental/Behavioral Health (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	2152	431	N/A	Registry	Process	Community/Population Health	<p><b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b>                      Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	286	N/A	Registry	Process	Patient Safety	<p><b>Safety Concern Screening and Follow-Up for Patients with Dementia:</b>                      Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.</p>	American Academy of Neurology

**B.19. Mental/Behavioral Health (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
<p><b>Comment:</b> A commenter supported CMS’s proposal to move quality measures into one behavior health section.</p> <p><b>Response:</b> We thank the commenter for their support.</p> <p><b>Comment:</b> One commenter suggested this area of care continues to remain as a gap within the MIPS program and is interested in seeing more measures evaluated at the TEP level addressing patients with behavioral health issues.</p> <p><b>Response:</b> We agree with the commenter and consider this as an important area for future measure development.</p> <p><b>Comment:</b> One commenter expressed concern that measure Q411 defines depression remission as a PHQ-9 score of less than 5 within six months (+/- 30 days) of initial assessment as they noted this sets an unrealistic standard, given that the most moderately to severely depressed patients (reflected by PHQ-9 scores of 15-20) would be unlikely to reach a score of less than 5 (defined as “mild depression”) within just six months. The commenter is also concerned that the denominator in the measure includes patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) as this denominator may unfairly punish clinicians who, despite their best efforts, are ultimately not able to engage patients in follow-up care. The commenter recommended that CMS revise measure Q411 based on concerns cited above.</p> <p><b>Response:</b> Q411 utilizes the existing clinical practice guidelines available for the PHQ-9 questionnaire that defines what score range would be indicative of depression remission. Since this measure is not owned by CMS, and cannot be modified without coordinating with the measure owner, we will share measure modification requests with the measure steward, and as necessary, propose in future rule making. We will retain this measure as proposed because any substantive changes to the measure need to be fully vetted through measure owner and through the notice and comment rulemaking process to ensure the intent of the measure is not compromised.</p> <p><b>Comment:</b> One commenter strongly supported the expansion of the <i>Mental/Behavior specialty Measure Set</i> from 10 measures to 25 measures. They encouraged CMS to continue to add behavioral health quality measures.</p> <p><b>Response:</b> We thank the commenter for their support and encourage working with measures' developers to propose new measures through the Call for Measures process to expand the number of available quality measures.</p> <p><b>Comment:</b> One commenter urged CMS to replace the Q134 <i>Preventive Care and Screening: Screening for Depression and Follow-up Plan</i> measure with the NQF 2620 <i>Multidimensional Mental Health Screening Assessment</i> measure to expand the screening to additional behavior health conditions.</p> <p><b>Response:</b> We will retain measure Q134 as proposed in the Quality Payment Program because NQF 2620 was not proposed for consideration during the Call for Measures process and needs to be submitted through this process in order to be vetted further to determine if this measure could be added to the Quality Payment Program and/or replace measure Q134. We encourage the commenter to work with the measure’s developer to propose new measures through the Call for Measures process for consideration.</p> <p><b>Comment:</b> One commenter agreed with the inclusion of Q288 within the <i>Mental/Behavior Specialty Measure Set</i>.</p> <p><b>Response:</b> We thank the commenter for their support.</p> <p><b>Comment:</b> One commenter supported CMS’s proposal to maintain, or retire and replace, the quality measures that focus on dementia care management.</p> <p><b>Response:</b> We thank the commenter for their support.</p> <p><b>Comment:</b> One commenter supported the inclusion of measure Q374 in this measure set.</p> <p><b>Response:</b> We thank the commenter for their support.</p> <p><b>FINAL ACTION:</b> We are finalizing the <i>Mental/Behavioral Health Specialty Measure Set</i> as proposed for the 2018 Performance Period and future years.</p>								

**B.20a. Diagnostic Radiology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	145	N/A	Claims, Registry	Process	Patient Safety	<b>Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy:</b> Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)	American College of Radiology
<p><b>Comment:</b> Two commenters requested that measure Q145 should allow submission for either claims or registry. In addition, the commenters noted that measure Q145 is listed with a (!), indicating that it is an appropriate use measure, but that designation should not apply to this measure. It should be considered high priority/patient safety (!).</p> <p><b>Response:</b> We agree and have confirmed with the measure steward. The measure specifications have been updated accordingly.</p> <p><b>FINAL ACTION:</b> We are finalizing this measure with the proposed update for the 2018 Performance Period and future years.</p>								
!	0508	146	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening:</b> Percentage of final reports for screening mammograms that are classified as “probably benign”	American College of Radiology
!	N/A	147	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy:</b> Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were performed	Society of Nuclear Medicine and Molecular Imaging
	0507	195	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Radiology: Stenosis Measurement in Carotid Imaging Reports:</b> Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	American College of Radiology

**B.20a. Diagnostic Radiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0509	225	N/A	Registry, Claims	Structure	Communication and Care Coordination	<b>Radiology: Reminder System for Screening Mammograms:</b> Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram	American College of Radiology
!	N/A	359	N/A	Registry	Process	Communication and Care Coordination	<b>Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging:</b> Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems.	American College of Radiology
!!	N/A	360	N/A	Registry	Process	Patient Safety	<b>Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies:</b> Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study.	American College of Radiology
!	N/A	361	N/A	Registry	Structure	Patient Safety	<b>Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry:</b> Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry that is capable of collecting at a minimum selected data elements	American College of Radiology

## B.20a. Diagnostic Radiology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	362	N/A	Registry	Structure	Communication and Care Coordination	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes:</b> Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study</p>	American College of Radiology
!	N/A	363	N/A	Registry	Structure	Communication and Care Coordination	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive:</b> Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed</p>	American College of Radiology
!!	N/A	364	N/A	Registry	Process	Communication and Care Coordination	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines:</b> Percentage of final reports for computed tomography (CT) imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors</p>	American College of Radiology



**B.20a. Diagnostic Radiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	405	N/A	Claims, Registry	Process	Effective Clinical Care	<p><b>Appropriate Follow-up Imaging for Incidental Abdominal Lesions:</b>                      Percentage of final reports for abdominal imaging studies for asymptomatic patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended:</p> <ul style="list-style-type: none"> <li>• Liver lesion ≤ 0.5 cm</li> <li>• Cystic kidney lesion &lt; 1.0 cm</li> <li>• Adrenal lesion ≤ 1.0 cm</li> </ul>	American College of Radiology
!!	N/A	406	N/A	Claims, Registry	Process	Effective Clinical Care	<p><b>Appropriate Follow-Up Imaging for Incidental Thyroid Nodules in Patients:</b>                      Percentage of final reports for computed tomography (CT), magnetic resonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule &lt; 1.0 cm noted incidentally with follow-up imaging recommended</p>	American College of Radiology
	N/A	436	N/A	Claims, Registry	Process	Effective Clinical Care	<p><b>Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques:</b>                      Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used:</p> <ul style="list-style-type: none"> <li>• Automated exposure control</li> <li>• Adjustment of the mA and/or kV according to patient size</li> <li>• Use of iterative reconstruction technique</li> </ul>	American College of Radiology/American Medical Association-Physician Consortium for Performance Improvement/National Committee for Quality Assurance

**B.20a. Diagnostic Radiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
<p><b>Comment:</b> One commenter supported the continuation of measure Q147 within the program.</p> <p><b>Response:</b> We thank the commenter for their support.</p> <p><b>Comment:</b> One commenter requested that measure Q436 be clarified with examples to ensure that standard radiation dose reduction statements (e.g., “Dose reduction techniques were utilized.” or “Dose reduction techniques based on the ALARA principle were performed.”) are acceptable. In addition, the same commenter stated that site-based attestations should be sufficient to meet measure Q436, without requiring documentation in each individual CT report.</p> <p><b>Response:</b> We appreciate the commenter’s feedback; however, the measure steward does allow for a general attestation statement in final reports to meet the measure intent. There should be a written policy in place describing the process that ensures dose optimization techniques are used appropriately per instrument, as well as a method for validating that their use occurs for each patient. We will share measure modification requests with the measure steward prior to any modifications being made and, as necessary, propose in future rulemaking.</p> <p><b>Comment:</b> One commenter requested that measure Q360 not be included in the Diagnostic Radiology set. The commenter believes the number of repeated exams provided will only capture exams that were performed at the reporting institution, thus not capturing similar exams performed at other outside institutions. Additionally, the best place to prevent duplication of examinations, and limit excess radiation to the patient, is at the time the referring physician orders the exam.</p> <p><b>Response:</b> The intent of the measure is to alert the ordering physicians of prior imaging as they may not have access to the patient’s medical imaging or radiation dose history. This information may influence the decision to order additional imaging exams that use ionizing radiation. The eligible clinician should be including all known exams.</p> <p><b>FINAL ACTION:</b> We are finalizing the <i>Diagnostic Radiology Specialty Measure Set</i> as proposed for the 2018 Performance Period and future years.</p>								

**B.20b. Interventional Radiology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	076	N/A	Claims, Registry	Process	Patient Safety	<b>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections:</b> Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.	American Society of
!	N/A	145	N/A	Claims, Registry	Process	Patient Safety	<b>Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy:</b> Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)	American College of Radiology
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	409	N/A	Registry	Outcome	Effective Clinical Care	<b>Clinical Outcome Post Endovascular Stroke Treatment:</b> Percentage of patients with a mRS score of 0 to 2 at 90 days following endovascular stroke intervention	Society of Interventional Radiology
	N/A	413	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<b>Door to Puncture Time for Endovascular Stroke Treatment:</b> Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours	Society of Interventional Radiology
	N/A	420‡	N/A	Registry	Outcome	Effective Clinical Care	<b>Varicose Vein Treatment with Saphenous Ablation: Outcome Survey:</b> Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.	Society of Interventional Radiology

**B.20b. Interventional Radiology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	421	N/A	Registry	Process	Effective Clinical Care	<b>Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal:</b> Percentage of patients in whom a retrievable IVC filter is placed who, within 3 months post-placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two attempts.	Society of Interventional Radiology
	N/A	437	N/A	Claims, Registry	Outcome	Patient Safety	<b>Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure:</b> Inpatients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure.	Society of Interventional Radiology
	N/A	465	N/A	Registry	Process	Patient Safety	<b>Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries:</b> Documentation of angiographic endpoints of embolization AND the documentation of embolization strategies in the presence of unilateral or bilateral absent uterine arteries	Society of Interventional Radiology

We did not receive specific comments regarding the *Interventional Radiology Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Interventional Radiology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.21. Nephrology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	0059	001	122v6	Claims, Web Interface, Registry, EHR	Intermediate Outcome	Effective Clinical Care	<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%):</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	National Committee for Quality Assurance
§ !	0097	046	N/A	Claims, Web Interface, Registry	Process	Communication and Care Coordination	<b>Medication Reconciliation Post-Discharge:</b> The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record. This measure is reported as three rates stratified by age group: • Reporting Criteria 1: 18-64 years of age • Reporting Criteria 2: 65 years and older • Total Rate: All patients 18 years of age and older.	National Committee for Quality Assurance
!	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> 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.	National Committee for Quality Assurance
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)

## B.21. Nephrology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0043	111	127v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Pneumococcal Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	National Committee for Quality Assurance
§	0062	119	134v6	Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Medical Attention for Nephropathy:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	National Committee for Quality Assurance
	N/A	122	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<b>Adult Kidney Disease: Blood Pressure Management:</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) with a blood pressure < 140/90 mmHg OR ≥ 140/90 mmHg with a documented plan of care	Renal Physicians Association
	0419	130	68v7	Claims, Registry, EHR,	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	2624	182	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Functional Outcome Assessment:</b> Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies	Centers for Medicare & Medicaid Services

**B.21. Nephrology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	317	22v6	Claims, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	0101	318	139v6	EHR, Web Interface	Process	Patient Safety	<b>Falls: Screening for Future Fall Risk:</b> Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	National Committee for Quality Assurance
	N/A	327	N/A	Registry	Process	Effective Clinical Care	<b>Pediatric Kidney Disease: Adequacy of Volume Management:</b> Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist	Renal Physicians Association
!	1667	328	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<b>Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level &lt; 10 g/dL:</b> Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level < 10 g/dL.	Renal Physicians Association

**B.21. Nephrology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	330	N/A	Registry	Outcome	Patient Safety	<b>Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days:</b> Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter	Renal Physicians Association
	N/A	400	N/A	Registry	Process	Effective Clinical Care	<b>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk:</b> Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection	Physician Consortium for Performance Improvement
	N/A	403	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Adult Kidney Disease: Referral to Hospice:</b> Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care	Renal Physicians Association

**Comment:** One commenter noted that some of the measures in the measure set are limited to pediatric patients only. While the commenter supported the inclusion of pediatric-specific measures, the commenter stated concern that it may appear that nephrologists treating adults primarily will have access to more custom measures within the proposed measure set than is actually the case.

**Response:** We thank the commenter for the support. With regard to the number of measures available in this measure set that are applicable to the adult population, we note that 13 measures of the 15 measures are available to nephrologists for the adult population. We believe that this provides a significant number of custom adult measures for this specialty set. Nonetheless, we encourage the commenter to work with measures' developers to propose new measures through the Call for Measures process to expand the number of available quality measures.

**Comment:** One commenter requested the removal of measure Q119 Diabetes: *Medical Attention for Nephropathy* from the Nephropathy measure set and recommended replacing it with *IHS Diabetes Nephropathy Assessment*.

**Response:** The *IHS Diabetes Nephropathy Assessment* measure was not submitted as a measure under consideration during the call for measures process; therefore, we are unable to add this measure for this performance period but will be considered for future rulemaking. We will retain measure Q119 as proposed in MIPS based on feedback solicited from stakeholders. For future rulemaking, the *IHS Diabetes Nephropathy Assessment* measure would need to be submitted during the Call for Measures process in order to be vetted further to determine if this measure could be added to the Quality Payment Program and/or replace measure Q119. We encourage the commenter to work with measure steward to propose new measures through the Call for Measures process for the 2019 rulemaking cycle.

**FINAL ACTION:** We are finalizing the *Nephrology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.



**B.22. General Surgery**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0268	021	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
§ !	0097	046	N/A	Claims, Web Interface, Registry	Process	Communication and Care Coordination	<b>Medication Reconciliation Post-Discharge:</b> The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing ongoing care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record. This measure is reported as three rates stratified by age group: <ul style="list-style-type: none"> <li>• Reporting Criteria 1: 18-64 years of age</li> <li>• Reporting Criteria 2: 65 years and older</li> <li>• Total Rate: All patients 18 years of age and older.</li> </ul>	National Committee for Quality Assurance

**B.22. General Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p><b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.</p>	National Committee for Quality Assurance
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community /Population Health	<p><b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI =&gt; 18.5 and &lt; 25 kg/m2</p>	Centers for Medicare & Medicaid Services
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<p><b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services

**B.22. General Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community / Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	317	22v6	Claims, Registry, EHR	Process	Community / Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
!	N/A	355	N/A	Registry	Outcome	Patient Safety	<p><b>Unplanned Reoperation within the 30 Day Postoperative Period:</b> Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period</p>	American College of Surgeons
!	N/A	356	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Unplanned Hospital Readmission within 30 Days of Principal Procedure:</b> Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure</p>	American College of Surgeons
!	N/A	357	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Surgical Site Infection (SSI):</b> Percentage of patients aged 18 years and older who had a surgical site infection (SSI)</p>	American College of Surgeons

**B.22. General Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop:</b> Receipt of Specialist Report Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community / Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance

We did not receive specific comments regarding the *General Surgery Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *General Surgery Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.23. Vascular Surgery**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0268	021	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services

**B.23. Vascular Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community /Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018	236	165v6	Claims, Registry, EHR, Web Interface	Intermediate Outcome	Effective Clinical Care	<b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
	1519	257	N/A	Registry	Process	Effective Clinical Care	<b>Statin Therapy at Discharge after Lower Extremity Bypass (LEB):</b> Percentage of patients aged 18 years and older undergoing infra-inguinal lower extremity bypass who are prescribed a statin medication at discharge	Society for Vascular Surgeons

**B.23. Vascular Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	258	N/A	Registry	Outcome	Patient Safety	<b>Rate of Open Elective Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7):</b> Percent of patients undergoing open repair of small or moderate sized non-ruptured infrarenal abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7)	Society for Vascular Surgeons
!	N/A	259	N/A	Registry	Outcome	Patient Safety	<b>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged at Home by Post-Operative Day #2):</b> Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)	Society for Vascular Surgeons
!	N/A	260	N/A	Registry	Outcome	Patient Safety	<b>Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2)	Society for Vascular Surgeons
	N/A	317	22v6	Claims, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services

## B.23. Vascular Surgery (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	344	N/A	Registry	Outcome	Effective Clinical Care	<b>Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2	Society for Vascular Surgeons
!	N/A	345	N/A	Registry	Outcome	Effective Clinical Care	<b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS):</b> Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital	Society for Vascular Surgeons
!	1540	346	N/A	Registry	Outcome	Effective Clinical Care	<b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA):</b> Percent of asymptomatic patients undergoing CEA who experience stroke or death following surgery while in the hospital.	Society for Vascular Surgeons
!	1534	347	N/A	Registry	Outcome	Patient Safety	<b>Rate of Endovascular Aneurysm Repair (EVAR of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital:</b> Percent of patients undergoing endovascular repair of small or moderate infrarenal abdominal aortic aneurysms (AAA) who die while in the hospital	Society for Vascular Surgeons
!	N/A	357	N/A	Registry	Outcome	Effective Clinical Care	<b>Surgical Site Infection (SSI):</b> Percentage of patients aged 18 years and older who had a surgical site infection (SSI)	American College of Surgeons
!	N/A	358	N/A	Registry	Process	Person and Caregiver-Centered Experiences and Outcomes	<b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons



**B.23. Vascular Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	1523	417	N/A	Registry	Outcome	Patient Safety	<b>Rate of Open Repair of Small or Moderate Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive:</b> Percentage of patients undergoing open repair of small or moderate abdominal aortic aneurysms (AAA) who are discharged alive	Society for Vascular Surgeons
	N/A	420‡	N/A	Effective Clinical Care	Registry	Outcome	<b>Varicose Vein Treatment with Saphenous Ablation: Outcome Survey:</b> Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.	Society of Interventional Radiology
	0465	423	N/A	Registry, Claims	Process	Effective Clinical Care	<b>Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy:</b> Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery	Society for Vascular Surgeons

**B.23. Vascular Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	441441	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<p><b>Ischemic Vascular Disease All or None Outcome Measure (Optimal Control):</b> The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator.</p> <p>All-or-None Outcome Measure (Optimal Control)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Using the IVD denominator optimal results include: Most recent blood pressure (BP) measurement is less than 140/90 mm Hg</li> <li><input type="checkbox"/> And Most recent tobacco status is Tobacco Free</li> <li><input type="checkbox"/> And Daily Aspirin or Other Antiplatelet Unless Contraindicated</li> <li><input type="checkbox"/> And Statin Use.</li> </ul>	Wisconsin Collaborative for Healthcare Quality (WCHQ)

We did not receive specific comments regarding the *Vascular Surgery Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Vascular Surgery Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

## B.24. Thoracic Surgery

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0268	021	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
	0134	043	N/A	Registry	Process	Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received an IMA graft.	Society of Thoracic Surgeons
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance

## B.24. Thoracic Surgery (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	0129	164	N/A	Registry	Outcome	Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Prolonged Intubation:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours	American Thoracic Society
!	0130	165	N/A	Registry	Outcome	Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention	American Thoracic Society
!	0131	166	N/A	Registry	Outcome	Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Stroke:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours	American Thoracic Society

**B.24. Thoracic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0114	167	N/A	Registry	Outcome	Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis	American Thoracic Society
!	0115	168	N/A	Registry	Outcome	Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason	Society of Thoracic Surgeons
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018	236	165v6	Claims, Registry, EHR, Web Interface	Intermediate Outcome	Effective Clinical Care	<b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services

**B.24. Thoracic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community / Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
!	N/A	441	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<b>Ischemic Vascular Disease All or None Outcome Measure (Optimal Control):</b> The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) <input type="checkbox"/> Using the IVD denominator optimal results include: Most recent blood pressure (BP) measurement is less than 140/90 mm Hg <input type="checkbox"/> And Most recent tobacco status is Tobacco Free <input type="checkbox"/> And Daily Aspirin or Other Antiplatelet Unless Contraindicated And Statin Use.	Wisconsin Collaborative for Healthcare Quality (WCHQ)

**B.24.Thoracic Surgery (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0119	445	N/A	Registry	Outcome	Effective Clinical Care	<b>Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG):</b> Percent of patients aged 18 years and older undergoing isolated CABG who die, including both all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure	Society of Thoracic Surgeons

We did not receive specific comments regarding the *Thoracic Surgery Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Thoracic Surgery Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.25. Urology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !!	0389	102	129v7	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Prostate Cancer: Avoidance of Overuse of Bone Scan for staging Low Risk Prostate Cancer Patients:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very 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	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0390	104	N/A	Registry	Process	Effective Clinical Care	<b>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or very High Risk Prostate Cancer:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist	American Urological Association Education and Research
<p>Comment: One commenter noted that the measure “<i>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer Patients</i>” provides an excellent starting point, but does not fully reflect the evolving standard of care.</p> <p>Response: We encourage the commenter to work with the measure steward to propose substantive changes for future performance years.</p> <p><b>FINAL ACTION:</b> We are finalizing this measure as proposed for the 2018 Performance Period and future years.</p>								
§	0062	119	134v6	Registry, EHR	Process	Effective Clinical Care	<b>Diabetes: Medical Attention for Nephropathy:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	National Committee for Quality Assurance
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services



**B.25. Urology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
	N/A	048	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	National Committee for Quality Assurance
!	N/A	050	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Urinary Incontinence: Assessment of Presence or Absence Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months	National Committee for Quality Assurance

**B.25. Urology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	0420	131	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Pain Assessment and Follow-Up:</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Centers for Medicare & Medicaid Services
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	N/A	265	N/A	Registry	Process	Communication and Care Coordination	<b>Biopsy Follow-Up:</b> Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	American Academy of Dermatology

**B.25. Urology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
!	N/A	358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	428	N/A	Registry	Process	Effective Clinical Care	<b>Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence:</b> Percentage of patients undergoing appropriate preoperative evaluation of stress urinary incontinence prior to pelvic organ prolapse surgery per ACOG/AUGS/AUA guidelines.	American Urogynecologic Society
	N/A	429	N/A	Claims, Registry	Process	Patient Safety	<b>Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy:</b> Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse.	American Urogynecologic Society
	2152	431	N/A	Registry	Process	Community/Population Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user	Physician Consortium for Performance Improvement

**B.25. Urology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	432	N/A	Registry	Outcome	Patient Safety	<b>Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 1 month after surgery	American Urogynecologic Society
	N/A	433	N/A	Registry	Outcome	Patient Safety	<b>Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by a bowel injury at the time of index surgery that is recognized intraoperatively or within 1 month after surgery	American Urogynecologic Society
	N/A	434	N/A	Registry	Outcome	Patient Safety	<b>Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 1 month after surgery	American Urogynecologic Society
	N/A	462	645v1	EHR	Process	Effective Clinical Care	<b>Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy:</b> Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.	Oregon Urology Institute

**Comment:** One commenter requested that CMS expedite the process for developing additional specialty measure sets in the field of urology.

**Response:** We appreciate the commenter’s feedback. We are committed to exploring areas where the measure development process can be improved. Prior to rulemaking we solicit feedback from stakeholders with regards to measures that should be added or removed to existing specialty sets or the development of new specialty sets. This process began in January 2017 and lasted for about six weeks, during which we sent out a listserv message to stakeholders, which was shared further with medical and specialty societies for further distribution to their stakeholders, to solicit feedback on existing specialty sets (or for thoughts on new specialty sets) using quality measures that are currently in the program. We encourage the commenter to participate in this process for next year’s rulemaking.

**Comment:** One commenter supported the expansion of the *Urology Specialty Measure Set* to include eleven additional quality measures.

**Response:** We thank the commenter for their support.

**FINAL ACTION:** We are finalizing the *Urology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.26. Oncology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
§ !!	0389	102	129v7	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very 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	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
§ !	0384	143	157v6	Registry, EHR	Process	Person and Caregiver Centered Experience and Outcome	<b>Oncology: Medical and Radiation – Pain Intensity Quantified:</b> Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.26. Oncology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0383	144	N/A	Registry	Process	Person and Caregiver Centered Experience and Outcome	<b>Oncology: Medical and Radiation – Plan of Care for Pain:</b> 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	American Society of Clinical Oncology
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	1853	250	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Radical Prostatectomy Pathology Reporting:</b> Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status.	College of American Pathologists
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/ Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services

**B.26. Oncology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance
	2152	431	N/A	Registry	Process	Population/Community	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI)
§ !!	1857	449	N/A	Registry	Process	Efficiency and Cost Reduction	<b>HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies:</b> Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies	American Society of Clinical Oncology
§ !!	1858	450	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Trastuzumab Received By Patients With AJCC Stage I (T1c) –III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy:</b> Proportion of female patients (aged 18 years and older) with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant chemotherapy who are also receiving trastuzumab	American Society of Clinical Oncology
§	1859	451	N/A	Registry	Process	Effective Clinical Care	<b>KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy::</b> Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed.	American Society of Clinical Oncology

**B.26. Oncology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !!	1860	452	N/A	Registry	Process	Patient Safety	<b>Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal: Antibodies:</b> Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-EGFR monoclonal antibodies.	American Society of Clinical Oncology
§ !!	0210	453	N/A	Registry	Process	Effective Clinical Care	<b>Proportion Receiving Chemotherapy in the Last 14 Days of life:</b> Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life.	American Society of Clinical Oncology
§ !!	0211	454	N/A	Registry	Outcome	Effective Clinical Care	<b>Proportion of Patients who Died from Cancer with more than One Emergency Department Visit in the Last 30 Days of Life:</b> Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life.	American Society of Clinical Oncology
§ !!	0213	455	N/A	Registry	Outcome	Effective Clinical Care	<b>Proportion Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life:</b> Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life.	American Society of Clinical Oncology
§ !!	0215	456	N/A	Registry	Process	Effective Clinical Care	<b>Proportion Not Admitted to Hospice:</b> Proportion of patients who died from cancer not admitted to hospice.	American Society of Clinical Oncology
§ !!	0216	457	N/A	Registry	Outcome	Effective Clinical Care	<b>Proportion Admitted to Hospice for less than 3 days:</b> Proportion of patients who died from cancer, and admitted to hospice and spent less than 3 days there.	American Society of Clinical Oncology
	N/A	462	645v1	EHR	Process	Effective Clinical Care	<b>Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy:</b> Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.	Oregon Urology Institute

We did not receive specific comments regarding the *Oncology Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Oncology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.



**B.26a. Radiation Oncology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !!	0389	102	129v7	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very 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	Physician Consortium for Performance Improvement Foundation (PCPI®)
§ !	0384	143	157v6	Registry, EHR	Process	Person and Caregiver Centered Experience and Outcome	<b>Oncology: Medical and Radiation – Pain Intensity Quantified:</b> Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	0383	144	N/A	Registry	Process	Person and Caregiver Centered Experience and Outcome	<b>Oncology: Medical and Radiation – Plan of Care for Pain:</b> 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	American Society of Clinical Oncology
!!	0382	156	N/A	Claims, Registry	Process	Patient Safety	<b>Oncology: Radiation Dose Limits to Normal Tissues:</b> Percentage of patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues	American Society for Radiation Oncology

**Comment:** One commenter requested that CMS allow EHR submission of all quality measures within this measure set to expand the ability of MIPS participants to report the subspecialty measure set without incurring additional administrative burden.

**Response:** We will continue to assess the viability of increasing the number of measures that can be reported electronically as the program matures and as more measures become available via EHR submission. We are also testing select EHR quality measures to determine their viability for inclusion in future years.

**FINAL ACTION:** We are finalizing the *Radiation Oncology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.27. Hospitalists**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0081	005	135v6	Registry, EHR	Process	Effective Clinical Care	<b>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	0083	008	144v6	Registry, EHR	Process	Effective Clinical Care	<b>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> 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.	National Committee for Quality Assurance
!	N/A	076	N/A	Claims, Registry	Process	Patient Safety	<b>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections:</b> Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed	American Society of Anesthesiologists

**B.27. Hospitalists (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!!	N/A	407‡	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Appropriate Treatment of MSSA Bacteremia:</b> Percentage of patients with sepsis due to MSSA bacteremia who received beta-lactam antibiotic (e.g. nafcillin, oxacillin or cefazolin) as definitive therapy.	Infectious Disease Society of America

**Comment:** One commenter supported CMS for the amended specialty measure set for hospitalists and stated these are the only consistently-reportable measures for hospitalists in the MIPS measure inventory.

**Response:** We thank the commenter for their support.

**FINAL ACTION:** We are finalizing the *Hospitalists Measure Set* as proposed for the 2018 Performance Period and future years.

**B.28. Rheumatology**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0045	024	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older:</b> Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication	National Committee for Quality Assurance
	0046	039	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Screening for Osteoporosis for Women Aged 65-85 Years of Age:</b> Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis	National Committee for Quality Assurance
	0326	047	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented 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.	National Committee for Quality Assurance
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0043	111	127v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<b>Pneumococcal Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	National Committee for Quality Assurance

**B.28. Rheumatology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	0420	131	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Pain Assessment and Follow-Up:</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Centers for Medicare & Medicaid Services
	N/A	176	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Tuberculosis Screening:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD).	American College of Rheumatology
	N/A	177	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months.	American College of Rheumatology

**B.28. Rheumatology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	178	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Functional Status Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months	American College of Rheumatology
	N/A	179	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months	American College of Rheumatology
	N/A	180	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Glucocorticoid Management:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone $\geq$ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months	American College of Rheumatology
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community / Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

**B.28. Rheumatology (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§ !	0018	236	165v6	Claims, Web Interface, Registry, EHR	Intermediate Outcome	Effective Clinical Care	<b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period	National Committee for Quality Assurance
*	0022	238	156v6	Registry, EHR	Process	Patient Safety	<b>Use of High-Risk Medications in the Elderly:</b> Percentage of patients 65-85 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two of the same high-risk medications.	National Committee for Quality Assurance
	N/A	317	22v6	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
* !	N/A	374	50v6	Registry, EHR	Process	Communication and Care Coordination	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	Registry	Process	Community/Population Health	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance

We did not receive specific comments regarding the *Rheumatology Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Rheumatology Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.29. Infectious Disease**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0069	065	154v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI):</b> Percentage of children 3 months--18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or 3 days after the episode	National Committee for Quality Assurance
!!	N/A	066	146v6	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Testing for Children with Pharyngitis:</b> Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	National Committee for Quality Assurance
!!	0653	091	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.	American Academy of Otolaryngology-Head and Neck Surgery
!!	0654	093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.	American Academy of Otolaryngology-Head and Neck Surgery
*	0041	110	147v7	Claims, Web Interface, Registry, EHR	Process	Community/ Population Health	<b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0043	111	127v6	Claims, Web Interface, Registry, EHR	Process	Community/ Population Health	<b>Pneumococcal Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	National Committee for Quality Assurance
§ !!	0058	116	N/A	Registry	Process	Efficiency and Cost Reduction	<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:</b> Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	National Committee for Quality Assurance



**B.29. Infectious Disease (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	N/A	176	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Tuberculosis Screening:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD).	American College of Rheumatology
§	0409	205	N/A	Registry	Process	Effective Clinical Care	<b>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis:</b> Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection	National Committee for Quality Assurance

**B.29. Infectious Disease (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	275	N/A	Registry	Process	Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.</p>	American Gastroenterological Association
!!	N/A	331	N/A	Registry	Process	Efficiency and Cost Reduction	<p><b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse):</b></p> <p>Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms</p>	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A	332	N/A	Registry	Process	Efficiency and Cost Reduction	<p><b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use):</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis</p>	American Academy of Otolaryngology-Head and Neck Surgery

## B.29. Infectious Disease (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A	334	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<b>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
	N/A	337	N/A	Registry	Process	Effective Clinical Care	<b>Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier:</b> Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test	American Academy of Dermatology
§!	2082	338	N/A	Registry	Outcome	Effective Clinical Care	<b>HIV Viral Load Suppression:</b> The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Health Resources and Services Administration
	2079	340	N/A	Registry	Process	Efficiency and Cost Reduction	<b>HIV Medical Visit Frequency:</b> Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	Health Resources and Services Administration
	N/A	387	N/A	Registry	Process	Effective Clinical Care	<b>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users:</b> Percentage of patients, regardless of age, who are active injection drug users who received screening for HCV infection within the 12 month reporting period	Physician Consortium for Performance Improvement

**B.29. Infectious Disease (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	390	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<b>Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient. To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment	American Gastroenterological Association
	1407	394	N/A	Registry	Process	Community /Population Health	<b>Immunizations for Adolescents:</b> The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday	National Committee for Quality Assurance
§	N/A	400	N/A	Registry	Process	Effective Clinical Care	<b>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk:</b> Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	N/A	401	N/A	Registry	Process	Effective Clinical Care	<b>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period	American Gastroenterological Association

**B.29. Infectious Disease (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	N/A	407‡	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia:</b> Percentage of patients with sepsis due to MSSA bacteremia who received beta-lactam antibiotic (e.g. nafcillin, oxacillin or ceftazolin) as definitive therapy.	Infectious Diseases Society of America
§	N/A	447	N/A	Registry	Process	Community/Population Health	<b>Chlamydia Screening and Follow Up:</b> The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period	National Committee for Quality Assurance
	0657	464	N/A	Registry	Process	Patient Safety, Efficiency and Cost Reduction	<b>Otitis Media with Effusion (OME): Systemic Antimicrobials-Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials.	American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAOHNHF)

**Comment:** Several commenters supported the creation of the *Infectious Disease Specialty Measure Set*. However, one commenter was concerned that it does not contain an outcome measure that can be reported electronically. The commenter suggested two possible outcome eCQMs for consideration (that is, CMS77 and CMS159). Another commenter did not agree with the measures included in the set as they stated the specialty set offers very few meaningful reportable measures.

**Response:** We thank commenters for their support of the new *Infectious Disease Specialty Measure Set*. Prior to rulemaking we solicited feedback from stakeholders with regards to measures that should be considered in the development of the new specialty set. The measures included in the *Infectious Disease Specialty Measure Set* were identified as appropriate through feedback received from specialty stakeholders for the 2018 performance period. CMS77 was retired in a previous rule making. According to clinical experts, the measure no longer reflected the guidelines and evidence. We did not propose to include measure CMS159 to the *Infectious Disease Specialty Measure Set* because the measure was not suggested during the stakeholder solicitation process. However, we will take this request into consideration for future rulemaking. We will consider the addition of outcome and electronic quality measures that are applicable to the specialty set when the measures are available, fully tested and developed. Regarding the commenter’s view that this specialty set does not offer meaningful reportable measures, we respectfully disagree that these measures are not meaningful and believe that the current measures drive towards providing quality healthcare.

**Comment:** One commenter was concerned that measure Q331: *Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)* is not able to be coded within an electronic health record. The commenter also noted there may be instances where prescribing antibiotics would be appropriate if they have severe or worsening symptoms.

**Response:** This measure is available for registry data submission only. It has not been developed for electronic health record data submission at this time. The measure allows the eligible clinician to submit a denominator exception for medical reasons when prescribing an antibiotic within 10 days of onset.

**FINAL ACTION:** We are finalizing the *Infectious Disease Measure Set* as proposed for the 2018 Performance Period and future years.

## B.30. Neurosurgical

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!!	0268	021	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239	023	N/A	Claims, Registry	Process	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	N/A	187	N/A	Registry	Process	Effective Clinical Care	<b>Stroke and Stroke Rehabilitation: Thrombolytic Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well	American Heart Association

**B.30. Neurosurgical (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	1543	345	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS):</b></p> <p>Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital</p>	Society for Vascular Surgeons
!	1540	346	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA):</b></p> <p>Percent of asymptomatic patients undergoing CEA who experience stroke or death following surgery while in the hospital.</p>	Society for Vascular Surgeons
	N/A	409	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Clinical Outcome Post Endovascular Stroke Treatment:</b></p> <p>Percentage of patients with a mRS score of 0 to 2 at 90 days following endovascular stroke intervention</p>	Society of Interventional Radiology
	N/A	413	N/A	Registry	Intermediate Outcome	Effective Clinical Care	<p><b>Door to Puncture Time for Endovascular Stroke Treatment:</b></p> <p>Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours</p>	Society of Interventional Radiology
	N/A	459	N/A	Registry	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	<p><b>Average Change in Back Pain Following Lumbar Discectomy and/or Laminotomy:</b></p> <p>The average change (preoperative to three months postoperative) in back pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure</p>	MN Community Measurement

**B.30. Neurosurgical (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	460	N/A	Registry	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	<b>Average Change in Back Pain Following Lumbar Fusion:</b> The average change (preoperative to one year postoperative) in back pain for patients 18 years of age or older who had lumbar spine fusion surgery	MN Community Measurement
	N/A	461	N/A	Registry	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	<b>Average Change in Leg Pain Following Lumbar Discectomy and/or Laminotomy:</b> The average change (preoperative to three months postoperative) in leg pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure	MN Community Measurement

**Comment:** One commenter did not support the proposed measures with regard to the inclusion of average change in pain measures (i.e. Q459, Q460, and Q461) within the *Neurosurgical Specialty Measure Set*. The commenter encouraged CMS to be more transparent in measure specialty set development.

**Response:** Prior to rulemaking, we solicited feedback from stakeholders with regards to measures that should be added or removed to existing specialty sets based on current measures in the program. The average change in pain measures are newly proposed measures and were not available when we solicited feedback on the specialty measure sets from stakeholders. We have worked with the measure steward to determine which specialty measure set may be applicable and believe inclusion of average change in pain measures within the Neurosurgical specialty measure set is appropriate because they are within the scope of practice for Neurosurgeons and would allow patient reported outcome measures within this specialty measure set.

**FINAL ACTION:** We are finalizing the *Neurosurgical Measure Set* as proposed for the 2018 Performance Period and future years.



**B.31. Podiatry**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	0417	126	N/A	Registry	Process	Effective Clinical Care	<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.	American Podiatric Medical Association
	0416	127	N/A	Registry	Process	Effective Clinical Care	<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention-Evaluation of Footwear:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing.	American Podiatric Medical Association
* §	0421	128	69v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	Centers for Medicare & Medicaid Services
!	0101	154	N/A	Claims, Registry	Process	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	National Committee for Quality Assurance
!	0101	155	N/A	Claims, Registry	Process	Communication and Care Coordination	<b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	National Committee for Quality Assurance

**B.31. Podiatry (continued)**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b></p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)

**Comment:** One commenter supported the inclusion of a new *Podiatry Specialty Measure Set* for the 2018 Performance Period.

**Response:** We thank the commenter for their support.

**FINAL ACTION:** We are finalizing the *Podiatry Specialty Measure Set* as proposed for the 2018 Performance Period and future years.

**B.32. Dentistry**

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
	N/A	378	75v6	EHR	Outcome	Community /Population Health	<b>Children Who Have Dental Decay or Cavities:</b> Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period	Centers for Medicare & Medicaid Services
	N/A	379	74v7	EHR	Process	Effective Clinical Care	<b>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists:</b> Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.	Centers for Medicare & Medicaid Services

We did not receive specific comments regarding the *Dentistry Specialty Measure Set*.

**FINAL ACTION:** We are finalizing the *Dentistry Specialty Measure Set* as proposed for the 2018 Performance Period and future years.