

State Innovation Model Quality Council Meeting: May 11, 2016

**Quality Measures on CQMC Set that are NOT on the SIM Quality Council Set
Should any of these measure be added to the SIM Quality Council Set?**

Measure	NQF	Measure Description	Steward	Proposed Data Source
Medication Reconciliation Post Discharge	0097	<p>Measure Description: The percentage of discharges for patients 18 years of age and older for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record by a prescribing practitioner, clinical pharmacist or registered nurse.</p> <p>Numerator Statement: Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on or within 30 days of discharge. Medication reconciliation is defined as a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.</p> <p>Denominator Statement: All discharges from an in-patient setting for patients who are 18 years and older.</p>	NCQA	EHR
Non-recommended Cervical Cancer Screening in Adolescent Female	N/a	<p>The percentage of women under the age of 21 who were screened unnecessarily for cervical cancer.</p> <p>Consensus to include in core CQMC set.</p> <p><i>Note:</i> Please refer to NCQA HEDIS measure specifications</p>		
CAD: Persistence of Beta blocker therapy after a heart attack	0071	The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	NCQA	Claims

Ischemic Vascular Disease: Use of Aspirin or Another Anti-thrombotic	0068	<p>The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had the following during the measurement year.</p> <p>Notes: Measure is to be applied only at the group level. Programs utilizing this measure are not looking for 100% performance due to concerns with patients at risk for bleeding. Used in Million Hearts Campaign.</p>	NCQA	Claims, EHR
DM: Diabetes foot exam	0057	<p>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</p>	NCQA	Claims
Depression Remission at 12 months – Progress Towards Remission	1885	<p>Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to patients with newly diagnosed and existing depression identified during measurement period whose PHQ-9 indicates a need for treatment.</p> <p>Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.</p> <p><i>Note: Consensus to include along with #0710</i></p>	MN Comm Meas	EHR

Other:

Frequency of ongoing prenatal care	1391	<p>Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits:</p> <ul style="list-style-type: none"> • <21 percent of expected visits • 21 percent–40 percent of expected visits • 41 percent–60 percent of expected visits • 61 percent–80 percent of expected visits • > or =81 percent of expected visits 	NCQA	Claims
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**Quality Measures on SIM Quality Set that are NOT on the CQMC set
Should any of these measure be removed from the SIM Quality Council Set?**

Measure	NQF	Measure Description	Steward	Proposed Data Source
Plan all-cause readmission	1768	<p>For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ol style="list-style-type: none"> 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission 	NCQA	Claims
Emergency Department Usage per 1000		<p>The # of ED visits during the measurement year. Data are reported as follows: Number of ED visits Expected count of ED visits</p> <p>Age: 18 and older</p>		
Annual monitoring for persistent medications	2371	<p>This measure assesses the percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Report the following three rates and a total rate:</p> <ul style="list-style-type: none"> - Rate 1: Annual Monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB): At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. - Rate 2: Annual monitoring for patients on digoxin: At least one serum potassium, one serum creatinine and a serum digoxin therapeutic monitoring test in the measurement year. - Rate 3: Annual monitoring for patients on diuretics: At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. 	NCQA	Claims, Clinical

		- Total rate (the sum of the three numerators divided by the sum of the three denominators)		
Chlamydia screening in women	0033	The 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 year.	NCQA	Claims
Prenatal Care & Postpartum care	1517	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. 	NCQA	EHR
Screening for clinical depression and follow-up plan	0418	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	QIP	EHR
Behavioral health screening 1-17 (Medicaid only)				
Asthma Medication Ratio	1800	<p>The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p> <p>Numerator Statement: The number of patients who have a medication ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p> <p>Denominator Statement: Patients 5–64 years of age during the measurement year who were identified as having persistent asthma.</p>	NCQA	Claims, clinical
Unhealthy Alcohol Use – Screening	PQRS 173	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once within 24 months using a systematic screening method**	AMA-PCPI ¹	

¹ American Medical Association - Physician Consortium for Performance Improvement