

201	Measures	QDS Data Types (HTEP)	Recommend
1	% diabetics with A1c under control [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- active diabetes diagnosis</li><li>- active gestational diabetes diagnosis</li><li>- active polycystic ovarian disease diagnosis</li><li>- steroid induced diabetes active diagnosis</li><li>- insulin prescription</li><li>- hypoglycemic medication prescription</li><li>- antihyperglycemic medication prescription</li><li>- HbA1c result</li></ul>	<p>Endorsement expected within the next month. For retotyping, diabetes on the Problem List (ICD-9 or SNOMED), or Medication List with appropriate medication.</p>
2	% of hypertensive patients with BP under control [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- hypertension diagnosis</li><li>- elevated blood pressure diagnosis</li><li>- borderline hypertension diagnosis</li><li>- intermittent hypertension diagnosis</li><li>- history of hypertension</li><li>- ambulatory encounter</li><li>- systolic blood pressure result</li><li>- diastolic blood pressure result</li></ul>	<p>History of hypertension currenting from ICD code list. For retotyping "notation" should indicate presence of ICD-9 or SNOMED.</p>
3	% of patients with LDL under control [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- active ischemic vascular disease diagnosis</li><li>- ambulatory care encounter</li><li>- lipid profile result</li><li>- LDL result</li><li>- LDL to HDL ratio</li><li>- non-laboratory documentation of LDL</li><li>- hospital discharge diagnosis AMI</li><li>- hospital discharge diagnosis CABG</li><li>- PTCA procedure</li><li>- discharge status alive</li></ul>	<p>For retotyping, compliance requires presence of LDL result during the measurement year. Diagnosis in the Problem List (ICD-9 or SNOMED) coding.</p>
4	% of smokers offered smoking counseling [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- outpatient encounter</li><li>- smoking history</li><li>- smoking cessation counseling / advice</li><li>- smoking readiness to quit assessment</li></ul>	<p>Requires that smoking is addressed at every visit. May need to use CPT II attestation for 2011.</p>
4	% of patients with recorded BMI [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- ambulatory encounter</li><li>- BMI</li><li>- gender</li></ul>	<p>Limited to Pediatrics. BMI present in Vital Signs.</p>
4	% of smokers offered smoking counseling [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- outpatient encounter</li><li>- smoking history</li><li>- smoking cessation counseling / advice</li><li>- smoking readiness to quit assessment</li></ul>	<p>Requires that smoking is addressed at every visit. May need to use CPT II attestation for 2011.</p>
5	% eligible surgical patients who received VTE prophylaxis [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- neuraxial anesthesia administered</li><li>- general anesthesia administered</li><li>- laparoscopic procedure performed</li><li>- VTE prophylaxis medication administered</li><li>- VTE prophylaxis medication intolerance</li><li>- Antithrombotic device applied</li><li>- Antithrombotic device intolerance</li><li>- Surgical incision time</li><li>- anesthesia end time</li><li>- hospital admission</li><li>- hospital discharge</li><li>- burn diagnosis</li><li>- warfarin administered</li><li>- Antithrombotic device refused</li><li>- comfort measures only</li><li>- clinical trials for VTE</li></ul>	<p>BMI present in Vital Signs. Exclusion (i.e., "terminal illness," and "urgent/emergent medical situation") may be relaxed for 2011. "Patient self-reported diagnosis" may be relaxed for 2011. Consider a single field for "contradiction" to cover exclusions. Most complex is identification of hospital "antithrombotic device applied." These items have already done so. Antithrombotic device refused. Recommend this measure not be used and substitute, instead, the Stroke measure for anticoagulation with aural fibrillation.</p>
6	% of orders for cardiac, radiology, and lab tests entered directly by physicians through CDS	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>NA</p>
7	% of high-risk medications (Re: Beers criteria) in the elderly	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- high risk medication for elderly prescribed</li></ul>	<p>Use existing list of high risk medications for the elderly. The committee challenged the measure (i.e., that a single prescription for one high risk medication may be correct CPT II codes) and adversely affect the physician's score. Consideration for modification requested.</p>
8	% of patients over 50 with annual colorectal cancer screenings [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- history of colorectal cancer diagnosis</li><li>- history of colonoscopy procedure</li><li>- fecal occult blood test performed</li><li>- flexible sigmoidoscopy performed</li><li>- double contrast barium enema performed</li><li>- colonoscopy performed (CAT Scan imaged colonoscopy is in the code set for colonoscopy)</li></ul>	<p>Colorectal cancer diagnosis is expected on the Problem List.</p>
9	% of females over 50 receiving annual mammogram [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- mammogram performed</li><li>- history of mastectomy procedure</li><li>- history of bilateral mastectomy procedure</li></ul>	<p>No specific comments</p>
10	% patients at high risk for cardiac aspirin prophylaxis [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- aspirin</li><li>- aspirin/antiplatelet combination</li><li>- aspirin medication order</li><li>- patient self-reported diagnosis</li></ul>	<p>Diagnosis of "ischemic vascular disease" is on the Problem List. "Patient self-reported diagnosis" may be problematic and should be modified for 2011.</p>
11	% of patients with influenza vaccine [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- influenza vaccination administered</li><li>- influenza vaccination refused</li><li>- influenza vaccination administered</li><li>- nursing home risk category assessment</li><li>- admission to long term care</li><li>- discharge from long term care</li><li>- bone marrow transplant history</li><li>- chemotherapy history</li><li>- radiotherapy history</li><li>- influenza vaccine intolerance</li></ul>	<p>History of influenza vaccine should be documented. EHR will need to be configured for this item as a searchable field (many ambulatory systems have already done so). Allergy list but intolerance may be more difficult to find. Patient and medical reason will require some form of "attestation" consider "contradiction" field.</p>
12	% results incorporated into EHR in code format [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- Attestation - Survey</li></ul>	<p>Single survey</p>
13	% of patients with insurance eligibility confirmed [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
14	% of all patients with access to personal health information electronically [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
15	% of all patients with access to patient specific educational resources [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
16	% of all patient encounters for which clinical summaries were provided [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
17	Report 30-day readmission rate [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- active diagnosis</li><li>- hospital admission</li><li>- maternity diagnosis</li><li>- death</li><li>- active diagnosis</li><li>- death</li></ul>	<p>Facilities without HIE support should be documented. EHR will need to be configured for this item as a searchable field (many ambulatory systems have already done so). Allergy list but intolerance may be more difficult to find. Patient and medical reason will require some form of "attestation" consider "contradiction" field.</p>
18	% of encounters where medication reconciliation was performed [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- hospital discharge</li><li>- history of mastectomy procedure</li><li>- medication reconciliation completed</li></ul>	<p>Medication reconciliation required, there is no method to identify a cognitive process without attestation.</p>
19	% of encounters where medication reconciliation was performed [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- birthdate</li></ul>	<p>Medication reconciliation required, there is no method to identify a cognitive process without attestation.</p>
20	Implemented ability to exchange health information with external clinical labs, care summary and medication [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- active diagnosis coronary artery disease</li><li>- active diagnosis peripheral artery disease</li><li>- heart rate &lt; 50 (bradycardial) physical diagnosis</li><li>- beta blocker prescription</li></ul>	<p>Expect diagnosis on the Problem List (ICD-9 or SNOMED) or Medication List (and do not expect CPT II codes). Patient and medical reason for exclusion will require some form of "attestation" consider "contradiction" field.</p>
21	% of encounters where medication reconciliation was performed [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- hospital discharge</li><li>- history of mastectomy procedure</li><li>- medication reconciliation completed</li></ul>	<p>Medication reconciliation required, there is no method to identify a cognitive process without attestation.</p>
22	% of encounters where medication reconciliation was performed [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- active diagnosis congestive heart failure</li><li>- active diagnosis left ventricular function diagnostic study result</li><li>- active diagnosis left ventricular systolic dysfunction</li><li>- left ventricular systolic ejection fraction</li><li>- angiotensin converting enzyme inhibitor prescription</li><li>- angiotensin receptor blocker prescription</li><li>- angiotensin converting enzyme inhibitor intolerance</li><li>- angiotensin receptor blocker intolerance</li><li>- active diagnosis of aneuric renal failure</li><li>- past history angioedema</li><li>- active pregnancy</li><li>- moderate to severe aortic stenosis diagnosis</li><li>- medical reasons for avoiding ACEI, ARB</li><li>- patient refusal</li><li>- system reasons for avoiding ACEI, ARB</li></ul>	<p>Expect diagnosis on the Problem List (ICD-9 or SNOMED) or Medication List (and do not expect CPT II codes). Patient and medical reason for exclusion will require some form of "attestation" consider "contradiction" field.</p>
23	Implemented ability to exchange health information with external clinical labs, care summary and medication [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- Attestation - Survey</li></ul>	<p>Annual survey</p>
24	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- gender</li><li>- insurance type</li><li>- primary language</li><li>- race</li><li>- nativity</li></ul>	<p>Not a specific measure</p>
25	% of all patient encounters for which clinical summaries were provided [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
26	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
27	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
28	Report up-to-date status for childhood immunizations [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- age</li><li>- DTap/Dt administered</li><li>- IPV administered</li><li>- MMR administered</li><li>- Hib administered</li><li>- Hepatitis B vaccine administered</li><li>- pneumococcal conjugate vaccine administered</li><li>- varicella immunity</li><li>- active Hepatitis B</li><li>- Hepatitis B immunity</li></ul>	<p>Patient and medical reason for exclusion will require some form of "attestation" field.</p>
29	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- gender</li><li>- insurance type</li><li>- primary language</li><li>- race</li><li>- nativity</li></ul>	<p>Not a specific measure</p>
30	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
31	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
32	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
33	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
34	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
35	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
36	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
37	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
38	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
39	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
40	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
41	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
42	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
43	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
44	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
45	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
46	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
47	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
48	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
49	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>
50	% of reports by type, insurance type, primary language, race, ethnicity [EP]	<p><b>QDS Data Types (HTEP)</b></p> <ul style="list-style-type: none"><li>- NA</li></ul>	<p>Develop attestation measure</p>