Dr. Valuck has declared no conflicts of interest related to the content of his presentation.
Applying Performance Measures to Improve Quality and Demonstrate Value

Clinical, Management, and Health Policy Issues in Pulmonary Medicine

March 22, 2013
Health Care in Evolution

- **Value-Based Payment**: rewarding achievement
- **Public Reporting**: engaging consumers and others stakeholders
- **Health Information Technology**: enabling improvement
- **Clinically-Integrated Delivery Systems**: achieving patient-centered, coordinated care
Quality Enterprise and NQF’s Contribution

Priorities and Goals → Standardized Measures → Electronic Data Infrastructure → Measure Use in Implementation → Evaluation and Feedback

- National Quality Strategy
- National Priorities Partnership
- High-Impact Conditions
- Measure Developers and Stewards
- NQF Endorsement and Maintenance Process
- Quality Data Model
- eMeasure Format
- Measure Authoring Tool
- Measure Applications Partnership
- Quality Positioning System Measure Database
- Measure Alignment Tool
- Measure Use Evaluation
- Identification and Prioritization of Measure Gaps
NQF’s Primary Roles

- Standard setting organization
  - Performance measures, serious reportable events, and preferred practices
- Neutral convener
  - National Priorities Partnership
  - Measure Applications Partnership
  - eMeasure Collaboratory
Quality Enterprise and NQF’s Contribution

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Priorities Make a Difference

NATIONAL PRIORITIES PARTNERSHIP

Performance measures developed around priority areas

Public reporting, payment, oversight, and improvement programs aligned with the National Quality Strategy

Multiple actions to make improvements in priority areas

Can get us there faster…

WHERE WE ARE GOING
Better Care, Affordable Care, and Healthy People/Healthy Communities
National Priorities Partnership’s Dual Role

Consultative Role on National Priorities and Goals

- Ongoing role in providing input to HHS on the National Quality Strategy

Action Catalyst Role

- Catalyzing and supporting action on national priorities and goals
- Support for the HHS Partnership for Patients Initiative
- Support for the HHS Million Hearts Initiative
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Measurement Facilitates Improvement

- Measurement is necessary, but insufficient to achieve quality
- Provides information about performance useful for selecting high-quality providers (consumers, purchasers, health plans)
- Provides information about outcomes and processes useful to providers for identifying areas that need improvement and for making changes in care delivery systems
Quality Measurement in Evolution

- Health outcomes (better health)
  - Morbidity and mortality
  - Functional status
  - Health-related quality of life
  - Patient experience of care

- Processes of care (better care)
  - Clinical processes tightly linked to outcomes
  - Multiple chronic conditions
  - Care coordination and transitions
  - Patient engagement and alignment with patient preferences

- Cost/resource use (affordability)
  - Per capita cost
  - Total cost of care
  - Patient out-of-pocket cost
Patient Reported Measures

- Health-Related Quality of Life
- Functional Status
- Symptoms and Symptom Burden
- Health Behaviors
- Patient Experience
NQF Endorsement Evaluation Criteria

- **Importance to measure and report**
  - What is the level of evidence for the measure?
  - Is there an opportunity for improvement?
  - Relation to a priority area or high impact area of care?

- **Scientific acceptability of the measurement properties**
  - What is the reliability and validity of the measure?

- **Usability**
  - What is the extent to which potential audiences (e.g., consumers, purchasers, payers, providers, policymakers) are using or could use performance results for both accountability and performance improvement?

- **Feasibility**
  - Can the measure be implemented without undue burden, captured with electronic data/EHRs?

- **Assess competing and related measures**
Evidence for Measure Focus

- Hierarchical preference for:
  - Outcomes linked to evidence-based processes/structures
  - Outcomes of substantial importance with plausible relationships to processes/structures
  - Intermediate outcomes
  - Processes/structures

Most closely linked to outcomes
Not everything that counts can be counted, and not everything that can be counted counts.

~Albert Einstein

BUT...

You cannot improve what you do not measure.
Quality Enterprise and NQF's Contribution

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Linking HIT and Measurement

Data Sources
- Capture the right data

Performance Measures
- Calculate the performance measure

EHRs and HIT Tools
- Provide real-time information to the clinician with decision support

E-Infrastructure
- Use for public reporting, payment, quality improvement
Measures work on multiple data platforms:

- Single source of claims
- Aggregation of multiple sources of claims (e.g., diagnosis plus pharmacy claims)
- Clinically enriched sources (e.g., claims plus clinical laboratory results)
- Electronic health record data
Comprehensive Data Needed to Generate Performance Information

Data Integration

- Patients
- Hospitals/Institutions
- EHRs
- Laboratories
- Pharmacies
- Medical Claims
- Registries

Data Aggregation

- Quality Improvement
- Care Evaluation
- Consumer Activation
- Pay for Performance

RWJF Aligning Forces for Quality
Quality Enterprise and NQF’s Contribution

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Applying Performance Measurement Information

Accountability

- Quality improvement
- Public health/disease surveillance
- Accreditation and regulation
- HIT incentive payments
- Consumer choice

Transparency

- Quality improvement with benchmarking
- Certification
- Performance-based payment
- Improve Care

Quality improvement with benchmarking
Payment Reform Models

Payment for service
- Fee-for-service
- Augmented fee-for-service (e.g., P4P)

Payment for episode or procedure
- Bundled payment (single provider)
- Bundled payment (multiple providers)

Payment for care of a population
- Partial capitation
- Full capitation

*Increasing aggregation of services into a unit of payment*
Organization of Delivery and Payment: Selection of Performance Measures

Continuum of Payment Bundling:
- Global payment per enrollee
- Global DRG case rate, hospital, and post-acute care
- Global DRG case rate, hospital only
- Global fee for primary care
- Blended fee-for-service/medical home fee
- Fee-for-service

More Feasible

Less Feasible

Outcome measures
Care coordination and intermediate outcome measures
Simple process and structure measures

Continuum of Organization

Source: Reprinted with permission from the Commonwealth Fund, 2009
Measurement Implications

- Measurement role
  - Pay differentially based on performance to provide incentives
    - Promote evidence-based care
    - Avoid inappropriate care
    - Better coordinate care
    - Focus on the patient
  - Protect against unintended consequences of payment incentives
  - Support performance improvement
Purpose of MAP

- Provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs
- Identify gaps for measure development, testing, and endorsement
- Encourage alignment of public and private sector programs
- Align measurement across programs, settings, levels of analysis, and populations:
  - Promote coordination of care delivery
  - Reduce data collection burden
<table>
<thead>
<tr>
<th>Federal Program for MAP Pre-Rulemaking Input</th>
<th>MAP Workgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value-Based Payment Modifier</td>
<td>Clinician Workgroup</td>
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<td>Physician Quality Reporting System</td>
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<td>Medicare and Medicaid EHR Incentive Program for Eligible Professionals</td>
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<td>Medicare Shared Savings Program</td>
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<td>Physician Compare</td>
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<td>Hospital Inpatient Quality Reporting</td>
<td>Hospital Workgroup</td>
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<td>Hospital Value-Based Purchasing</td>
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<td>Hospital-Acquired Conditions Payment Reduction Program</td>
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<td>Hospital Readmission Reduction Program</td>
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<td>Hospital Outpatient Quality Reporting</td>
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<tr>
<td>Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs</td>
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<td>Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting</td>
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<td>Inpatient Psychiatric Facility Quality Reporting</td>
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<td>Ambulatory Surgical Center Quality Reporting</td>
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<td>Home Health Quality Reporting</td>
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<tr>
<td>Nursing Home Quality Initiative and Nursing Home Compare Measures</td>
<td>PAC/LTC Workgroup</td>
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<td>Inpatient Rehabilitation Facility Quality Reporting</td>
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<td>Long-Term Care Hospital Quality Reporting</td>
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<td>Hospice Quality Reporting</td>
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<tr>
<td>End Stage Renal Disease Quality Management</td>
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</table>
MAP Measure Selection Criteria

1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs
MAP Measure Selection Criteria

5. Program measure set includes an appropriate mix of measure types

6. Program measure set enables measurement across the person-centered episode of care

7. Program measure set includes considerations for healthcare disparities

8. Program measure set promotes parsimony
Overall Prioritized Gaps

- Many high priority measurement gaps were identified, including measures of patient experience, functional status, shared decision making, care coordination, cost, appropriateness of care, and mental health
  - Gaps can be “implementation” gaps where appropriate measures exist but are not included in a given program, or “development” gaps where the desired measures are extremely limited or do not currently exist
- Focus funding for measure development on prioritized gap areas identified by MAP
Gaps Across the Measurement Spectrum

Measure Conceptualization → Measure Development → Measure Testing → Measure Endorsement → Measure Use

National Quality Strategy

Measure Stewards

NQF Endorsement Process

Measure Applications Partnership
Key Issues: Clinician Performance Measurement Programs

- Overarching goal is to engage clinician participation in meaningful quality reporting.

- To date, participation has been low; in 2010, only 25% of eligible clinicians participated in Physician Quality Reporting System (PQRS).

- Participation is imperative as significance of performance measurement increases over time:
  - PQRS payment penalties begin in 2015
  - Physician Compare will include clinician performance data in 2015
  - VBPM will be applicable to all clinicians in 2017

- Registry reporting is part of the solution.
Key Issues: Clinician Performance Measurement Programs

- Encourage participation by reducing clinician reporting burden from a lack of alignment across federal programs and between public- and private-sector programs.
- Encourage alignment by identifying a set of measures that all clinicians could report, regardless of specialty.
- Balance encouraging clinician participation and reducing clinician reporting burden with identifying measures that drive performance improvement and result in greater value.
MAP considered over 700 measures under consideration for inclusion in federal clinician programs:

- **Physician Quality Reporting System (PQRS)**
  - Measures that would be new to federal clinician measurement programs
  - All existing measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program were considered for use to accommodate hospital-based physicians

- **Physician Compare/Value-Based Payment Modifier**
  - All existing measures and measures under consideration for PQRS

- **Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)**
  - 2 new measures under consideration
Pulmonologist Participation in PQRS

- 21.5% (1,958/9,100) of pulmonologists participated in PQRS in 2010

- For reference, average participation across specialties was 24%

- Among pulmonologists, 1,204 eligible professionals qualified for a payment incentive with median amount of $2,966 (maximum was $24,000)
Top 5 Measures Submitted for PQRS in 2010 by Pulmonologists

1. Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
2. Preventive Care and Screening: Inquiry Regarding Tobacco Use
3. Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)
4. Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy
5. Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older
2013 PQRS Measures Related to Pulmonary Disease and Respiratory Care

- **COPD Measures Group**
  - Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation (NQF#0091)
  - Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy (NQF#0102)
  - Preventive Care and Screening: Influenza Immunization (NFQ#0041)
  - Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older (NQF#0043)
  - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF#0028)
2013 PQRS Measures Related to Pulmonary Disease and Respiratory Care

- **Asthma Measures Group**
  - Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting (NQF#0047)
  - Asthma: Assessment of Asthma Control - Ambulatory Care Setting (Not NQF-endorsed)
  - Asthma: Tobacco Use: Screening - Ambulatory Care Setting (Not NQF-endorsed)
  - Asthma: Tobacco Use: Intervention - Ambulatory Care Setting (Not NQF-endorsed)

- **Other asthma measures**
  - Use of Appropriate Medications for People with Asthma (NQF#0036)
2013 PQRS Measures Related to Pulmonary Disease and Respiratory Care

- **Sleep Apnea Measures Group***
  - Sleep Apnea: Assessment of Sleep Symptoms
  - Sleep Apnea: Severity Assessment at Initial Diagnosis
  - Sleep Apnea: Positive Airway Pressure Therapy Prescribed
  - Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy

*None of the measures in this group have been submitted for NQF-endorsement*
Additional Measures Related to Pulmonary Disease and Respiratory Care

- **NQF-endorsed measures for COPD:**
  - COPD - Management of Poorly Controlled COPD (NQF#1825)
  - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization (NQF#1893)
  - Functional Capacity in COPD patients before and after Pulmonary Rehabilitation (NQF#0701)
  - Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation (NQF#0700)
  - Relative Resource Use for People with COPD (NQF#1561)
  - Thorax CT: Use of Contrast Material (NQF#0513)*

*Measure under consideration and supported by MAP for future use in PQRS*
Additional Measures Related to Pulmonary Disease and Respiratory Care

- NQF-endorsed measures for Asthma:
  - CAC-1: Relievers for Inpatient Asthma (NQF#0143)
  - CAC-2 Systemic Corticosteroids for Inpatient Asthma (NQF#0144)
  - Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT) (NQF#0548)
  - Medication Management for People with Asthma (NQF#1799) *
  - Asthma Medication Ratio (NQF#1800)
  - Asthma in Younger Adults Admission Rate (PQI 15) (NQF#0283)
  - Asthma Emergency Department Visits (NQF#1381)
  - Relative Resource Use for People with Asthma (NQF#1560)

* Measure under consideration and supported by MAP for future use in PQRS
Additional Measures Related to Pulmonary Disease and Respiratory Care

- **NQF-endorsed measures for Pneumonia**:  
  - Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period) (NQF#0708)
  - Pneumonia Mortality Rate (IQI #20) (NQF#0231)
  - Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization (NQF#0468)
  - Thirty-day all-cause risk standardized readmission rate following pneumonia hospitalization (NQF#0506)
  - 30-day Post-Hospital PNA (Pneumonia) Discharge Care Transition Composite Measure (NQF#0707)
  - Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay) (NQF#0683)
  - ETG Based PNEUMONIA cost of care measure (NQF#1611)
Addisonal Measures Related to Pulmonary Disease and Respiratory Care

- **NQF-endorsed measures for Pulmonary Embolus:**
  - Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism (NQF#0667)
  - Pulmonary Embolism Anticoagulation >= 3 Months (NQF#0593)

- **NQF-endorsed measures for Critical Care:**
  - Intensive Care Unit (ICU) Length-of-Stay (LOS) (NQF#0702)
  - Intensive Care: In-Hospital Mortality Rate (NQF#0703)
  - Patients Admitted to ICU Who Have Care Preferences Documented (NQF#1626)*

* Measure under consideration and supported by MAP for future use in PQRS
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Improving Access to NQF-Endorsed Measures

The Quality Positioning System (QPS) is a web-based resource created to:

- Easily find NQF-endorsed® measures
- Share information about measures of interest to you
- Learn about others’ measurement and reporting efforts
- Stay informed about measures’ endorsement status

www.qualityforum.org/QPS
Welcome to QPS - the most reliable source for finding all NQF-endorsed® measures.

Find measures now.
Enhanced Measure Search Functionality
Export Measure Search Results

## Measures (132)

<table>
<thead>
<tr>
<th>Title</th>
<th>NQF#</th>
<th>Steward</th>
<th>Updated</th>
<th>Relevancy</th>
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<tbody>
<tr>
<td>Cardiac Rehabilitation Patient Referral From an Outpatient Setting</td>
<td>0643</td>
<td>American College of Cardiology</td>
<td>May 05, 2010</td>
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<tr>
<td>Cardiac Rehabilitation Patient Referral From an Inpatient Setting</td>
<td>0642</td>
<td>American College of Cardiology</td>
<td>May 05, 2010</td>
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<tr>
<td>Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients</td>
<td>0672</td>
<td>American College of Cardiology Foundation</td>
<td>Apr 26, 2011</td>
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<tr>
<td>Cardiac stress imaging not meeting appropriate use criteria: Routinely testing after</td>
<td>0671</td>
<td>American College of Cardiology Foundation</td>
<td>Apr 26, 2011</td>
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</tbody>
</table>
View Important Information about a Measure

0105 Antidepressant Medication Management
STEWARD: National Committee for Quality Assurance

MEASURE DESCRIPTION:
The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.
a) Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
b) Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

NUMERATOR STATEMENT:
a) Effective Acute Phase Treatment: At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the IPSD (inclusive). The continuous treatment allows gaps in medication treatment up to a total of 30 days during the 114-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Regardless of the number of gaps, there may be no more than 30 gap days. Count any combination of gaps (e.g., two washout gaps of 15 days each, or two washout gaps of 10 days each and one treatment gap of 10 days).

b) Effective Continuation Phase Treatment: At least 180 days (6 months) of continuous treatment with antidepressant medication (Table AMM-D) during the 231-day period following the IPSD (inclusive). Continuous treatment allows gaps in medication treatment up to a total of 51 days during the 231-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Regardless of the number of gaps, gap days may total no more than 51. Count any combination of gaps (e.g., two washout gaps, each 25 days or two...
Actions related to NQF’s Endorsement Process

- Submit Implementation Comments
- Request an Ad-Hoc Review
- Submit an Appeal

Implementation Comment for #0105: Antidepressant Medication Management

As part of the maintenance review process, NQF seeks comments from the public and NQF members on the implementation and use of measures. Please refer to instructions for submitting Implementation Comments located in the top right-corner of NQF’s Measure Maintenance webpage.

Is this Implementation Comment on behalf of another person or organization? [ ] No [ ] Yes

CommentSubmitter

- *First Name: Jane
- *Last Name: Smith
- *Organization: National Quality Forum
- *Email: jsmith@qualityforum.org

*Implementation Comment

A maximum of 20000 characters are allowed.

Submit | Clear | Cancel
Create Portfolios – Customized Lists of Measures

- Easily **track of measures** you use or are interested in
- **Receive an email update** when any measure in your portfolio changes
- **Share your portfolios** with others, privately or publicly
Example Portfolio

Healthy Memphis Common Table Publicly Reported Measures
OWNER ORGANIZATION: Healthy Memphis Common Table

DESCRIPTION:
These are the NQF-endorsed measures used in Healthy Memphis Common Table's public reporting efforts.

RELEVANT WEBSITE(S):
http://healthcarequalitymatters.org/
http://www.healthymemphis.org/

OWNER KEYWORDS:
Memphis, AF4Q

HISTORY
Owner Organization: Healthy Memphis Common Table
Created Date: December 14, 2011
Owner: Katie Dyer
Last Modified Date: April 25, 2012

MEASURES WITHIN THIS PORTFOLIO (26 MEASURES):

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>ACEI or ARB for left ventricular systolic dysfunction- Acute Myocardial Infarction (AMI) Patients</td>
<td>0137</td>
<td>Centers for Medicare and Medicaid Services</td>
<td>Jan 18, 2012</td>
</tr>
</tbody>
</table>
- For up to three measures, compare denominators, care settings, and other characteristics

- Also compare others’ portfolios to see measures in common

<table>
<thead>
<tr>
<th>NQF #</th>
<th>0031</th>
<th>0034</th>
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<tbody>
<tr>
<td><strong>Measure Title</strong></td>
<td>Breast Cancer Screening</td>
<td>Colorectal Cancer Screening</td>
</tr>
<tr>
<td><strong>Measure Description</strong></td>
<td>Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer</td>
<td>The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.</td>
</tr>
</tbody>
</table>
| **Numerator Statement** | One or more mammograms during the measurement year or the year prior to the measurement year | One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the four criteria below:  
- fecal occult blood test (FOBT) during the measurement year  
- flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year  
- double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year  
- Colonoscopy during the measurement year or the nine years prior to the measurement year |
| **Denominator Statement** | Women 42-69 years of age as of Dec 31 of the measurement year (note: this denominator statement captures women age 40-69 years) | Patients 51-75 years of age as of December 31 of the measurement year. |
| **Exclusions** | Exclusion: Women who had a bilateral mastectomy or for whom there is evidence of two unilateral mastectomies. Look for evidence of a bilateral mastectomy as far back as possible in the patient’s history, through either | Patients with a diagnosis of colorectal cancer or total colectomy. Look for evidence of colorectal cancer or total colectomy as far back as possible in the patient’s history, through either |
Our Challenge

How do we get here?
Ways to Participate in NQF Activities

- Visit the NQF website
- Receive weekly notices
- Participate in Council activities
- Vote on measures
- Attend meetings
- Comment on reports
- Serve on committees, panels, and partnerships
Thank You!

Tom Valuck, MD, JD
Senior Vice President
Strategic Partnerships
tvaluck@qualityforum.org