**ADMINISTRATIVE BULLETIN 15-10**

**957 CMR 4.00: Uniform Provider Reporting of the Standard Quality Measure Set**

**Effective November 2, 2015**

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin in accordance with 957 CMR 4.05(1) to notify Providers, as defined in 957 CMR 4.02, of the updates to the quality measures in the Standard Quality Measure Set (SQMS).

The changes to the SQMS outlined below were recommended to CHIA by the Statewide Quality Advisory Committee (SQAC) on October 19, 2015. Pursuant to M.G.L. c. 12C, § 14, the SQAC is required to make its recommendation of SQMS measures to CHIA annually, on or before November 1. The SQAC’s 2015 recommendation added twenty-five measures to and removed twelve measures from the SQMS. The twelve measures that were removed are:

1. Glaucoma screening for older adults (HEDIS)
2. Cholesterol management for patients with cardiovascular conditions (HEDIS)
3. Health Plan All-Cause Readmission Rate (HEDIS)
4. Prophylactic antibiotic received within 1-hour prior to surgical incision (SCIP-Inf-1a)
5. Prophylactic antibiotic selection for surgical patients (SCIP-Inf-2a)
6. Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero (SCIP-Inf-9)
7. Surgery Patients with Perioperative Temperature Management (SCIP-Inf-10)
8. Surgery patients with recommended venous thromboembolism prophylaxis ordered (SCIP-VTE-1)
9. Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients (PN 6)
10. Aspirin prescribed at discharge for AMI (AMI 2)
11. Primary percutaneous coronary intervention (PCI) received within 90 minutes of hospital arrival (AMI 8a)
12. Statin prescribed at discharge (AMI 10)

**Physician Group/Practice Measures**

| **Count** | **Measure/Tool Name** | **Set** | **NQF #** |
| --- | --- | --- | --- |
| 1 | Consumer Assessment of Healthcare Providers and Systems (CAHPS) - Clinician & Group Survey | CAHPS | 5 |
| 2 | Therapeutic monitoring: Annual monitoring for patients on persistent medications | HEDIS | 2371 |
| 3 | Use of spirometry testing in the assessment and diagnosis of chronic obstructive pulmonary disease (COPD) | HEDIS | 577 |
| 4 | Controlling high blood pressure | HEDIS | 18 |
| 5 | Comprehensive  diabetes care | HEDIS |  |
| 6 | Use of appropriate medications for people with asthma | HEDIS | 36 |
| 7 | Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis | HEDIS | 54 |
| 8 | Osteoporosis management in women who had a fracture | HEDIS | 53 |
| 9 | Pharmacotherapy of chronic obstructive pulmonary disease (COPD) exacerbation | HEDIS |  |
| 10 | Medication management for people with asthma | HEDIS | 1799 |
| 11 | Asthma Medication Ratio | HEDIS | 1800 |
| 12 | CAHPS Health Plan Survey v 3.0 Children with Chronic Conditions Supplement | HEDIS | 9 |
| 13 | Fall Risk Management | HEDIS | 35 |
| 14 | Potentially harmful drug-disease interactions in the elderly | HEDIS |  |
| 15 | Avoidance of antibiotic treatment in adults with acute bronchitis | HEDIS | 58 |
| 16 | Use of imaging studies for low back pain | HEDIS | 52 |
| 17 | Use of high-risk medications in the elderly | HEDIS | 22 |
| 18 | Care for older adults - medication review | HEDIS | 553 |
| 19 | Persistence of beta-blocker treatment after a heart attack | HEDIS | 71 |
| 20 | Urinary Incontinence Management in Older Adults | HEDIS | 30 |
| 21 | Counseling on Physical Activity in Older Adults | HEDIS | 29 |
| 22 | Aspirin Use and Discussion | HEDIS |  |
| 23 | Medication reconciliation post-discharge | HEDIS | 554 |
| 24 | Appropriate treatment for children with upper respiratory infection | HEDIS | 69 |
| 25 | Well-child visits in the third, fourth, fifth and sixth years of life | HEDIS | 1516 |
| 26 | Appropriate testing of children with pharyngitis | HEDIS | 2 |
| 27 | Follow-up care for children prescribed ADHD medication | HEDIS | 108 |
| 28 | Adolescent well-care visits | HEDIS |  |
| 29 | Childhood immunization status | HEDIS | 38 |
| 30 | Immunizations for adolescent | HEDIS |  |
| 31 | Lead screening in children | HEDIS |  |
| 32 | Weight assessment and counseling for nutrition and physical activity for children/adolescents | HEDIS | 24 |
| 33 | Children and adolescents' access to primary care practitioners | HEDIS |  |
| 34 | Human Papillomavirus Vaccine for Female Adolescents | HEDIS | 1959 |
| 35 | Frequency of ongoing prenatal care | HEDIS | 1391 |
| 36 | Prenatal and postpartum care | HEDIS | 1517 |
| 37 | Well-child visits in the first 15 months of life | HEDIS | 1392 |
| 38 | Breast cancer screening | HEDIS | 2372 |
| 39 | Colorectal cancer screening | HEDIS | 34 |
| 40 | Cervical cancer screening | HEDIS | 32 |
| 41 | Chlamydia screening in women | HEDIS | 33 |
| 42 | Adult BMI Assessment | HEDIS |  |
| 43 | Adults' access to preventive/ambulatory health services | HEDIS |  |
| 44 | Flu shots for adults ages 18-64 | HEDIS | 39 |
| 45 | Pneumococcal  vaccination status for older adults | HEDIS | 43 |
| 46 | Osteoporosis Testing in Older Women | HEDIS | 37 |
| 47 | Flu shots for adults ages 64 and older | HEDIS | 39 |
| 48 | Annual dental visit | HEDIS |  |
| 49 | Initiation and engagement of alcohol and other drug dependence treatment | HEDIS | 4 |
| 50 | Medical Assistance With Smoking and Tobacco Use Cessation | HEDIS | 27 |
| 51 | Antidepressant medication management | HEDIS | 105 |
| 52 | Follow-up after hospitalization for mental illness | HEDIS | 576 |
| 53 | Adherence to Antipsychotics for  Individuals with Schizophrenia | HEDIS | 1879 |
| 54 | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications | HEDIS | 1932 |
| 55 | Diabetes Monitoring for People with Diabetes and Schizophrenia | HEDIS | 1934 |
| 56 | Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | HEDIS | 1933 |
| 57 | Non-Recommended Cervical Cancer Screening in Adolescent Females | HEDIS |  |
| 58 | Non-Recommended PSA-Based Screening in Older Men | HEDIS |  |
| 59 | Use of Multiple Concurrent Antipsychotics in Children and Adolescents | HEDIS |  |
| 60 | Metabolic Monitoring for Children and Adolescents on Antipsychotics | HEDIS |  |
| 61 | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | HEDIS |  |
| 62 | Asthma in younger adults admission rate (PQI 15) | PQI | 283 |
| 63 | Chronic obstructive pulmonary disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5) | PQI | 275 |
| 64 | Heart Failure Admission Rate (PQI 8) | PQI | 277 |
| 65 | Diabetes Short-Term Complications Admission Rate (PQI 1) | PQI | 272 |
| 66 | Low Birth Weight Rate (PQI 9) | PQI | 278 |
| 67 | Screening for Clinical Depression and Follow-up Plan |  | 418 |
| 68 | Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention | AMA-PCPI | 28 |
| 69 | Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling | AMA-PCPI | 2152 |
| 70 | Asthma Emergency Department Visits | Alabama |  |
| 71 | Depression Utilization of the PHQ-9 Tool | MN Community Management | 712 |
| 72 | Maternal Depression Screening |  | 1401 |
| 73 | Depression screening by 18 years of age |  | 1515 |
|  |  |  |  |

**Hospital Measures**

| **Count** | **Measure/Tool Name** | **Set** | **NQF #** |
| --- | --- | --- | --- |
| 74 | VTE Prophylaxis (STK-1) | STK | 434 |
| 75 | Thrombolytic Therapy (STK-4) | STK | 437 |
| 76 | Discharged on Statin (STK-6) | STK | 439 |
| 77 | Stroke Education (STK-8) | STK |  |
| 78 | VTE Prophylaxis (VTE-1) | VTE | 372 |
| 79 | ICU VTE Prophylaxis (VTE-2) | VTE | 373 |
| 80 | VTE Patients w/Anticoagulation (VTE-3 ) | VTE |  |
| 81 | VTE Warfarin Therapy Discharge Instructions (VTE-5 ) | VTE |  |
| 82 | Hospital Acquired Potentially-Preventable VTE (VTE-6) | VTE |  |
| 83 | Severe Sepsis & Septic Shock: Management Bundle (SEP-1) | SEP | 500 |
| 84 | Influenza Immunization (IMM 2) | IMM | 1659 |
| 85 | Prophylactic antibiotics discontinued within 24 hours after surgery end time (SCIP-Inf-3a) | SCIP-Inf | 529 |
| 86 | Cardiac Surgery Patients With Controlled Postoperative Blood Glucose (SCIP-Inf-4) | SCIP-Inf | 300 |
| 87 | Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery (SCIP-VTE-2) | SCIP-VTE | 218 |
| 88 | Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period (SCIP-Card-2) | SCIP-Card | 284 |
| 89 | Relievers for inpatient asthma (CAC 1) | CAC |  |
| 90 | Systemic corticosteroids for inpatient asthma (CAC 2) | CAC | 144 |
| 91 | Home Management Plan of Care Document Given to Patient/Caregiver (CAC 3) | CAC |  |
| 92 | Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) | Yale/CMS | 1789 |
| 93 | Timely transmission of transition record (CCM 3) | AMA-PCPI | 648 |
| 94 | Detailed Discharge Instructions (HF 1) | HF |  |
| 95 | Evaluation of Left Ventricular Systolic (LVS) Function (HF 2) | HF |  |
| 96 | Fibrinolytic therapy received within 30 minutes of hospital arrival (AMI 7a) | AMI | 164 |
| 97 | Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (Includes 14 measures: 11 HCAHPS and CTM-3) | CAHPS | 166/  228 |
| 98 | Computerized physician order entry standards | Leapfrog |  |
| 99 | Pressure Ulcer Rate (PSI 3) | PSI |  |
| 100 | Iatrogenic Pneumothorax Rate (PSI 6) | PSI | 346 |
| 101 | Central Venous Catheter-related Blood Stream Infection Rate (PSI 7) | PSI |  |
| 102 | Post-operative Respiratory Failure Rate (PSI 11) | PSI | 533 |
| 103 | Perioperative Pulmonary Embolism or Deep Vein Thrombosis (PE/DVT) Rate (PSI 12) | PSI | 450 |
| 104 | Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate (PSI 15) | PSI | 345 |
| 105 | Post-operative Hip Fracture Rate (PSI 8) | PSI |  |
| 106 | Birth Trauma Rate: Injury to Neonates (PSI 17) | PSI |  |
| 107 | Obstetric Trauma: Vaginal Delivery with Instrument (PSI 18) | PSI |  |
| 108 | Obstetric Trauma: Vaginal Delivery without Instrument (PSI 19) | PSI |  |
| 109 | Patients discharged on multiple antipsychotic medications (HBIPS 4) | HBIPS |  |
| 110 | Post discharge continuing care plan transmitted to next level of care provider upon discharge (HBIPS 7) | HBIPS | 558 |
| 111 | Post discharge continuing care plan created (HBIPS 6) | HBIPS | 557 |
| 112 | Elective Deliveries (PC-01) | PC | 469 |
| 113 | Cesarean Section (PC-02) | PC | 471 |
| 114 | Antenatal Steroids (for high risk newborn deliveries) (PC-03) | PC | 476 |
| 115 | Health Care-Associated Bloodstream Infections in Newborns (PC-04) | PC | 1731 |
| 116 | Exclusive Breast Milk Feeding (PC-05) | PC | 480 |
| 117 | Newborn Bilirubin Screening | Leapfrog |  |
| 118 | DVT Prophylaxis in Women Undergoing Cesarean Section | Leapfrog | 473 |
| 119 | Incidence of Episiotomy | Leapfrog | 470 |
| 120 | Aortic Valve Replacement | Leapfrog |  |
| 121 | Survival Predictor for Pancreatic Resection Surgery | Leapfrog | 738 |
| 122 | Patient Safety Composite (PSI 90) | PSI | 531 |
| 123 | Pneumonia 30-day mortality rate (risk-adjusted) | CMS | 468 |
| 124 | Heart failure 30-day mortality rate for patients 18 and older (risk-adjusted) | CMS | 229 |
| 125 | AMI 30-day mortality rate (risk-adjusted) | CMS | 230 |
| 126 | National Healthcare Safety Network (NHSN) Hospital-onset methicillin resistant staphylococcus bacteremia aureus (MRSA) | NHSN | 1716 |
| 127 | National Healthcare Safety Network (NHSN) Central-Line Associated Bloodstream Infection | NHSN | 139 |
| 128 | National Healthcare Safety Network (NHSN) Hospital-onset *C. difficile* | NHSN | 1717 |
| 129 | National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infections | NHSN | 138 |
| 130 | American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site (SSI) Outcome Measure | CDC | 753 |
| 131 | 30-day all-cause risk-standardized readmission rate following AMI hospitalization | CMS | 505 |
| 132 | 30-day all-cause risk-standardized readmission rate following heart failure (HF) hospitalization | CMS | 330 |
| 133 | 30-day all-cause risk-standardized readmission rate following pneumonia hospitalization | CMS | 506 |
| 134 | 30-day all-cause risk-standardized readmission rate following acute ischemic stroke hospitalization | CMS |  |
| 135 | 30-day all-cause risk-standardized readmission rate following CABG surgery | CMS | 2515 |
| 136 | 30-day all-cause risk-standardized readmission rate following COPD hospitalization | CMS | 1891 |
| 137 | 30-day all-cause risk-standardized readmission rate RSRR following elective primary THA and/or TKA | CMS | 1551 |

**Post-Acute Measures**

| **Count** | **Measure/Tool Name** | **Set** | **NQF #** |
| --- | --- | --- | --- |
| 138 | Acute care hospitalization (risk-adjusted) | OASIS | 171 |
| 139 | Emergency Department Use without Hospitalization (risk-adjusted) | OASIS | 173 |
| 140 | Timely Initiation of Care | OASIS | 526 |
| 141 | Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay) (risk-adjusted) | CMS– Minimum Data Set (MDS) | 678 |
| 142 | Percent of High Risk Residents with Pressure Ulcers (Long Stay) (risk-adjusted) | CMS– Minimum Data Set (MDS) | 679 |
| 143 | Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay) | CMS– Minimum Data Set (MDS) | 676 |
| 144 | Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay) (risk-adjusted) | CMS– Minimum Data Set (MDS) | 677 |
| 145 | Proportion admitted to hospice for less than 3 days |  | 216 |
| 146 | Advance Care Plan | AMA-PCPI/NCQA | 326 |
| 147 | Palliative and End of Life Care: Dyspnea Screening & Management |  |  |
| 148 | Hospice and Palliative Care – Pain Screening\* | HIS | 1634 |
| 149 | Hospice and Palliative Care – Pain Assessment\* | HIS | 1637 |
| 150 | Hospice and Palliative Care – Dyspnea Screening\* | HIS | 1639 |
| 151 | Hospice and Palliative Care – Dyspnea Treatment\* | HIS | 1638 |
| 152 | Hospice and Palliative Care – Beliefs/Values Addressed\* | HIS | 1647 |
| 153 | Hospice and Palliative Care – Treatment Preferences\* | HIS | 1641 |

**Key**

\* May apply to care delivered in acute and non-acute settings

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| --- | --- |
|  | Measure added in 2015 |