

## 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

<b>Count</b>	<b>Measure/Tool Name</b>	<b>Set</b>	<b>NQF #</b>
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

<b>Count</b>	<b>Measure/Tool Name</b>	<b>Set</b>	<b>NQF #</b>
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

<b>Count</b>	<b>Measure/Tool Name</b>	<b>Set</b>	<b>NQF #</b>
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

<b>Count</b>	<b>Measure/Tool Name</b>	<b>Set</b>	<b>NQF #</b>
74	VTE Prophylaxis (STK-1)	STK	434

Count	Measure/Tool Name	Set	NQF #
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	

<b>Count</b>	<b>Measure/Tool Name</b>	<b>Set</b>	<b>NQF #</b>
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

Count	Measure/Tool Name	Set	NQF #
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 <i>C. difficile</i>	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

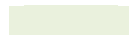
### Post-Acute Measures

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

<b>Count</b>	<b>Measure/Tool Name</b>	<b>Set</b>	<b>NQF #</b>
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/NCQ A	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

 Measure added in 2015