**ADMINISTRATIVE BULLETIN 16-10**

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

**Effective November 18, 2016**

The Center for Health Information and Analysis (Center) 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 the Center by the Statewide Quality Advisory Committee (SQAC) on October 31, 2016. Pursuant to M.G.L. c. 12C, § 14, the SQAC is required to make its recommendation of SQMS measures to the Center annually, on or before November 1. The SQAC’s 2016 recommendation added six measures to and removed twenty-one measures from the SQMS.

The six measures that were added are:

1. Follow-up after emergency department visit for mental illness (HEDIS)
2. Follow-up after emergency department visit for alcohol or other drug dependence (HEDIS)
3. Depression remission or response for adolescents and adults (HEDIS)
4. Statin therapy for patients with cardiovascular conditions (HEDIS)
5. Statin therapy for patients with diabetes (HEDIS)
6. Patients discharged on multiple antipsychotic medications with appropriate justification (HBIPS 5)

The twenty-one measures that were removed are:

1. Use of appropriate medications for people with asthma (HEDIS)
2. Human Papillomavirus vaccine for female adolescents (HEDIS)
3. Evaluation of Left Ventricular Systolic (LVS) function (HF-2)
4. Surgery patients on beta-blocker therapy prior to arrival who received beta-blocker during the perioperative period (SCIP-Card-2)
5. Prophylactic antibiotics discontinued within 24 hours after surgery end time (SCIP-Inf-3a)
6. Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery (SCIP-VTE-2)
7. Cardiac surgery patients with controlled postoperative blood glucose (SCIP-Inf-4)
8. Home management plan of care document given to patient/caregiver (CAC-3)
9. Detailed discharge instructions (HF-1)
10. Patients discharged on multiple antipsychotic medications (HBIPS-4)
11. Annual dental visit (HEDIS)
12. Aspirin use and discussion (HEDIS)
13. CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement (HEDIS)
14. Counseling on physical activity in older adults (HEDIS)
15. Fall risk management (HEDIS)
16. Flu shots for adults ages 18-64 (HEDIS)
17. Flu shots for adults ages 65 and older (HEDIS)
18. Medical assistance with smoking and tobacco use cessation (HEDIS)
19. Osteoporosis testing in older women (HEDIS)
20. Pneumococcal vaccination status for older adults (HEDIS)
21. Urinary incontinence management in older adults (HEDIS)

The SQMS now includes the following measures:

**Physician Group/Practice Measures**

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| --- | --- | --- | --- |
| **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 | Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis | HEDIS | 54 |
| 7 | Osteoporosis management in women who had a fracture | HEDIS | 53 |
| 8 | Pharmacotherapy of chronic obstructive pulmonary disease (COPD) exacerbation | HEDIS | 2856 |
| 9 | Medication management for people with asthma | HEDIS | 1799 |
| 10 | Asthma medication ratio | HEDIS | 1800 |
| 11 | Potentially harmful drug-disease interactions in the elderly | HEDIS |  |
| 12 | Avoidance of antibiotic treatment in adults with acute bronchitis | HEDIS | 58 |
| 13 | Use of imaging studies for low back pain | HEDIS | 52 |
| 14 | Use of high-risk medications in the elderly | HEDIS | 22 |
| 15 | Care for older adults - medication review | HEDIS | 553 |
| 16 | Persistence of beta-blocker treatment after a heart attack | HEDIS | 71 |
| 17 | Medication reconciliation post-discharge | HEDIS | 554 |
| 18 | Appropriate treatment for children with upper respiratory infection | HEDIS | 69 |
| 19 | Well-child visits in the third, fourth, fifth and sixth years of life | HEDIS | 1516 |
| 20 | Appropriate testing of children with pharyngitis | HEDIS |  |
| 21 | Follow-up care for children prescribed ADHD medication | HEDIS | 108 |
| 22 | Adolescent well-care visits | HEDIS |  |
| 23 | Childhood immunization status | HEDIS | 38 |
| 24 | Immunizations for adolescents | HEDIS | 1407 |
| 25 | Lead screening in children | HEDIS |  |
| 26 | Weight assessment and counseling for nutrition and physical activity for children/adolescents | HEDIS | 24 |
| 27 | Children and adolescents' access to primary care practitioners | HEDIS |  |
| 28 | Frequency of ongoing prenatal care | HEDIS | 1391 |
| 29 | Prenatal and postpartum care | HEDIS | 1517 |
| 30 | Well-child visits in the first 15 months of life | HEDIS | 1392 |
| 31 | Breast cancer screening | HEDIS | 2372 |
| 32 | Colorectal cancer screening | HEDIS | 34 |
| 33 | Cervical cancer screening | HEDIS | 32 |
| 34 | Chlamydia screening in women | HEDIS | 33 |
| 35 | Adult BMI assessment | HEDIS |  |
| 36 | Adults' access to preventive/ambulatory health services | HEDIS |  |
| 37 | Initiation and engagement of alcohol and other drug dependence treatment | HEDIS | 4 |
| 38 | Antidepressant medication management | HEDIS | 105 |
| 39 | Follow-up after hospitalization for mental illness | HEDIS | 576 |
| 40 | Adherence to antipsychotics for individuals with schizophrenia | HEDIS | 1879 |
| 41 | Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications | HEDIS | 1932 |
| 42 | Diabetes monitoring for people with diabetes and schizophrenia | HEDIS | 1934 |
| 43 | Cardiovascular monitoring for people with cardiovascular disease and schizophrenia | HEDIS | 1933 |
| 44 | Non-recommended cervical cancer screening in adolescent females | HEDIS |  |
| 45 | Non-recommended PSA-based screening in older men | HEDIS |  |
| 46 | Use of multiple concurrent antipsychotics in children and adolescents | HEDIS |  |
| 47 | Metabolic monitoring for children and adolescents on antipsychotics | HEDIS | 2800 |
| 48 | Use of first-line psychosocial care for children and adolescents on antipsychotics | HEDIS | 2801 |
| 49 | Follow-up after emergency department visit for mental illness ◊ | HEDIS | 2605 |
| 50 | Follow-up after emergency department visit for alcohol or other drug dependence ◊ | HEDIS | 2605 |
| 51 | Depression remission or response for adolescents and adults ◊ | HEDIS |  |
| 52 | Statin therapy for patients with cardiovascular conditions ◊ | HEDIS |  |
| 53 | Statin therapy for patients with diabetes ◊ | HEDIS |  |
| 54 | Asthma in younger adults admission rate (PQI 15) | PQI | 283 |
| 55 | Chronic obstructive pulmonary disease (COPD) or asthma in older adults admission rate (PQI 5) | PQI | 275 |
| 56 | Heart failure admission rate (PQI 8) | PQI | 277 |
| 57 | Diabetes short-term complications admission rate (PQI 1) | PQI | 272 |
| 58 | Low birth weight rate (PQI 9) | PQI | 278 |
| 59 | Screening for clinical depression and follow-up plan |  | 418 |
| 60 | Preventive care & screening: Tobacco use: Screening and cessation intervention | AMA-PCPI | 28 |
| 61 | Preventive care & screening: Unhealthy alcohol use: screening & brief counseling | AMA-PCPI | 2152 |
| 62 | Asthma emergency department Visits |  |  |
| 63 | Depression utilization of the PHQ-9 tool | MN Community Management | 712 |
| 64 | Maternal depression screening |  |  |
| 65 | Depression screening by 18 years of age |  |  |

**Hospital Measures**

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| **Count** | **Measure/Tool Name** | **Set** | **NQF #** |
| 66 | VTE prophylaxis (STK-1) | STK | 434 |
| 67 | Thrombolytic therapy (STK-4) | STK | 437 |
| 68 | Discharged on statin (STK-6) | STK | 439 |
| 69 | Stroke education (STK-8) | STK |  |
| 70 | VTE prophylaxis (VTE-1) | VTE | 371 |
| 71 | ICU VTE prophylaxis (VTE-2) | VTE | 372 |
| 72 | VTE patients w/anticoagulation (VTE-3 ) | VTE | 373 |
| 73 | VTE Warfarin therapy discharge instructions (VTE-5 ) | VTE |  |
| 74 | Hospital acquired potentially-preventable VTE (VTE-6) | VTE |  |
| 75 | Severe sepsis & septic shock: Management bundle (SEP-1) | SEP | 500 |
| 76 | Influenza immunization (IMM 2) | IMM | 1659 |
| 77 | Relievers for inpatient asthma (CAC 1) | CAC |  |
| 78 | Systemic corticosteroids for inpatient asthma (CAC 2) | CAC |  |
| 79 | Hospital-wide all-cause unplanned readmission measure (HWR) | Yale/CMS | 1789 |
| 80 | Timely transmission of transition record (CCM 3) | AMA-PCPI | 648 |
| 81 | Fibrinolytic therapy received within 30 minutes of hospital arrival (AMI 7a) | AMI |  |
| 82 | Hospital consumer assessment of healthcare providers and systems (HCAHPS) | CAHPS | 166/  228 |
| 83 | Computerized physician order entry standards |  |  |
| 84 | Pressure ulcer rate (PSI 3) | PSI |  |
| 85 | Iatrogenic pneumothorax rate (PSI 6) | PSI | 346 |
| 86 | Central venous catheter-related blood stream infection rate (PSI 7) | PSI |  |
| 87 | Post-operative respiratory failure rate (PSI 11) | PSI | 533 |
| 88 | Perioperative pulmonary embolism or deep vein thrombosis (PE/DVT) Rate (PSI 12) | PSI | 450 |
| 89 | Unrecognized abdominopelvic accidental puncture or laceration rate (PSI 15) | PSI | 345 |
| 90 | Post-operative hip fracture rate (PSI 8) | PSI |  |
| 91 | Birth trauma rate: Injury to neonates (PSI 17) | PSI |  |
| 92 | Obstetric trauma: Vaginal delivery with instrument (PSI 18) | PSI |  |
| 93 | Obstetric trauma: Vaginal delivery without instrument (PSI 19) | PSI |  |
| 94 | Patients discharged on multiple antipsychotic medications with appropriate justification (HBIPS 5) ◊ | HBIPS | 560 |
| 95 | Post-discharge continuing care plan transmitted to next level of care provider upon discharge (HBIPS 7) | HBIPS |  |
| 96 | Post-discharge continuing care plan created (HBIPS 6) | HBIPS |  |
| 97 | Elective deliveries (PC-01) | PC | 469 |
| 98 | Cesarean section (PC-02) | PC | 471 |
| 99 | Antenatal steroids (for high risk newborn deliveries) (PC-03) | PC | 476 |
| 100 | Health care-associated bloodstream infections in newborns (PC-04) | PC | 1731 |
| 101 | Exclusive breast milk feeding (PC-05) | PC | 480 |
| 102 | Newborn bilirubin screening |  |  |
| 103 | DVT prophylaxis in women undergoing cesarean section |  | 473 |
| 104 | Incidence of episiotomy |  | 470 |
| 105 | Aortic valve replacement |  |  |
| 106 | Survival predictor for pancreatic resection surgery |  |  |
| 107 | Patient safety composite (PSI 90) | PSI | 531 |
| 108 | Pneumonia 30-day mortality rate (risk-adjusted) |  | 468 |
| 109 | Heart failure 30-day mortality rate for patients 18 and older (risk-adjusted) |  | 229 |
| 110 | AMI 30-day mortality rate (risk-adjusted) |  | 230 |
| 111 | National Healthcare Safety Network (NHSN) hospital-onset methicillin resistant staphylococcus bacteremia aureus (MRSA) |  | 1716 |
| 112 | National Healthcare Safety Network (NHSN) central-line associated bloodstream infection |  | 139 |
| 113 | National Healthcare Safety Network (NHSN) hospital-onset *C. difficile* |  | 1717 |
| 114 | National Healthcare Safety Network (NHSN) catheter-associated urinary tract infections |  | 138 |
| 115 | American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) harmonized procedure specific surgical site (SSI) outcome measure | CDC | 753 |
| 116 | 30-day all-cause risk-standardized readmission rate following AMI hospitalization |  | 505 |
| 117 | 30-day all-cause risk-standardized readmission rate following heart failure (HF) hospitalization |  | 330 |
| 118 | 30-day all-cause risk-standardized readmission rate following pneumonia hospitalization |  | 506 |
| 119 | 30-day all-cause risk-standardized readmission rate following acute ischemic stroke hospitalization |  |  |
| 120 | 30-day all-cause risk-standardized readmission rate following CABG surgery |  | 2515 |
| 121 | 30-Day all-cause risk-standardized readmission rate following COPD hospitalization |  | 1891 |
| 122 | 30-day all-cause risk-standardized readmission rate following elective primary THA and/or TKA |  | 1551 |

**Post-Acute Measures**

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| **Count** | **Measure/Tool Name** | **Set** | **NQF #** |
| 123 | Acute care hospitalization (risk-adjusted) | OASIS | 171 |
| 124 | Emergency department use without hospitalization (risk-adjusted) | OASIS | 173 |
| 125 | Timely initiation of care | OASIS | 526 |
| 126 | Percent of residents with pressure ulcers that are new or worsened (short-stay) (risk-adjusted) | CMS– Minimum Data Set (MDS) | 678 |
| 127 | Percent of high risk residents with pressure ulcers (long stay) (risk-adjusted) | CMS– Minimum Data Set (MDS) | 679 |
| 128 | Percent of residents who self-report moderate to severe pain (short-stay) | CMS– Minimum Data Set (MDS) | 676 |
| 129 | Percent of residents who self-report moderate to severe pain (long-stay) (risk-adjusted) | CMS– Minimum Data Set (MDS) | 677 |
| 130 | Proportion admitted to hospice for less than 3 days |  | 216 |
| 131 | Advance care plan | AMA-PCPI/NCQA | 326 |
| 132 | Palliative and end of life care: Dyspnea screening & management |  |  |
| 133 | Hospice and palliative care – pain screening\* | HIS | 1634 |
| 134 | Hospice and palliative care – pain assessment\* | HIS | 1637 |
| 135 | Hospice and palliative care – dyspnea screening\* | HIS | 1639 |
| 136 | Hospice and palliative care – dyspnea treatment\* | HIS | 1638 |
| 137 | Hospice and palliative care – beliefs/values addressed\* | HIS | 1647 |
| 138 | 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 2016 |