

	Measure	Submitter	Steward	NQF	Summary	Reason for potential future consideration	Data Collection	Used by	Reliability/Validity Information
1	Schwartz Compassionate Care Scale	Beth Lown Schwartz Center			Patient experience survey	Including information about emotional support and contextual knowledge of the patient that is not included in CAHPS	Patient survey		
2	Patients with Advanced Cancer Screened for Pain at Outpatient Visits	Schwartz Center	RAND	Endorsed 1628	Screening for pain with a standardized tool during primary care or related/specialty outpatient visit.	Similar to SNF and Hospice measures currently in the SQMS	Health records or registry		Evaluated by ASSIST and ACOVE expert panels and sufficient for NQF endorsement
3	Patients Admitted to ICU who Have Care Preferences Documented	Schwartz Center	RAND	Endorsed 1626	Patients who had care preferences documented within 48 hours of ICU admission	Patient-centered care	Health records	None currently, but some push to include the measure in CMS programs	Sufficient for NQF endorsement
4	Comfortable Dying	Schwartz Center	National Hospice and Palliative Care Organization	Endorsed 0209	Hospice patients whose pain was brought to a comfortable level within 48 hours of initial assessment.	End-of-life care	Patient survey	Formerly used by Hospitce Quality Reporting Program, but removed primarily for high numbers of exclusions.	Sufficient for NQF endorsement
5	Hospitalized Patients Who Die an Expected Death with an ICD that Has Been Deactivated	Schwartz Center	RAND	Endorsed 1625	Patients who die expected deaths who have ICD deactivated or documation why this was not done	End-of-life care	Health records		Evaluated by ASSIST expert panel and sufficient for NQF endorsement
6	Family Evaluation of Hospice Care	Schwartz Center	National Hospice and Palliative Care Organization	Endorsed 0208	Survey administered after patient death about hospice care	End-of-life care	Family survey		Sufficient for NQF endorsement
7	CARE - Consumer Assessments and Reports of End of Life	Schwartz Center	Center for Gerontology and Health Care Research	Endorsement Removed 1632	Survey administered after patient death about hospice care - the parent survey of the Family Evaluation of Hospice Care	End-of-life care	Family survey		
8	Bereaved Family Survey	Schwartz Center	Department of Veterans Affairs/Hospice and Palliative Care	Endorsed 1623	Survey administered to familys of veterans about care received at the VA in the last months of life	End-of-life care, Patient-centered care	Family survey	VA	Sufficient for NQF endorsement
9	Cardiovascular Health Screening for People with Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications	Columbia University Medical Center	NCQA	Endorsed 1927	People with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication and who received a cardiovascular health screening	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
10	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	Columbia University Medical Center	NCQA	Endorsed 2601	People with a serious mental illness who received a screening for body mass index and follow-up for those people who were identified as obese	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
11	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	Columbia University Medical Center	NCQA	Endorsed 2606	People with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg.	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
12	Controlling High Blood Pressure for People with Serious Mental Illness	Columbia University Medical Center	NCQA	Endorsed 2602	People with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
13	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Columbia University Medical Center	NCQA	Endorsed 1932	People with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
14	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Columbia University Medical Center	NCQA	Endorsed 1933	People with schizophrenia and cardiovascular disease, who had an LDL-C test	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
15	Diabetes Monitoring for People With Diabetes and Schizophrenia	Columbia University Medical Center	NCQA	Endorsed 1934	People with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
16	Alcohol Screening and Follow-up for People with Serious Mental Illness	Columbia University Medical Center	NCQA	Endorsed 2599	People with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
17	Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	Columbia University Medical Center	NCQA	Endorsed 2600	People with a serious mental illness or alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement

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18	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Columbia University Medical Center	NCQA	Endorsed 2603	People with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) testing	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
19	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	Columbia University Medical Center	NCQA	Endorsed 2604	People with a serious mental illness and diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
20	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Columbia University Medical Center	NCQA	Endorsed 2607	People with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
21	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)	Columbia University Medical Center	NCQA	Endorsed 2608	People with a serious mental and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
22	Diabetes Care for People with Serious Mental Illness: Eye Exam	Columbia University Medical Center	NCQA	Endorsed 2609	People with a serious mental illness and diabetes (type 1 and type 2) who had an eye exam	Behavioral health integration	Health records or claims		Sufficient for NQF endorsement
23	CAC-3: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Mass Medical Society	The Joint Commission	Endorsement Removed 0338	The proportion of pediatric asthma patients discharged from an inpatient hospital stay with a Home Management Plan of Care (HMPC) document in place.	Formerly in SQMS, but removed because CMS no longer reports	Health records	Formerly used by CMS	