



Society Recommended Quality Measures for CMS Quality Payment Program

The Society's Quality Measures Subcommittee vetted all eligible quality measures relevant to this setting and

recommends the following. To view Full Measure Requirement, click on the individual Measure Name

Measure Number	Measure Name	Domain		Measure Reporting	Description
#6 (NQF 0067)	Coronary Artery Disease (CAD): Antiplatelet Therapy	Effective Clinical Care	CLAIMS, REGISTRY	This measure is to be reported a minimum of once per reporting period for patients with CAD seen during the reporting period.	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel.
#7 (NQF 0070)	Coronary Artery Diseases (CAD): Beta-Blocker Therapy - Prior Myocardial Infraction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Effective Clinical Care	CLAIMS, REGISTRY	This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of CAD seen during the reporting period.	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy.
#47 (NQF 0326)	Advance Care Plan	Communication and Care Coordination	CLAIMS, REGISTRY	This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period.	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
#110 (NQF 0041)	Preventive Care and Screening: Influenza Immunization	Community/Population Health	CLAIMS, REGISTRY	This measure is to be reported a minimum of once for visits for patients seen between January and March for the 2013-2014 influenza season AND a minimum of once for visits for patients seen between October and December for the 2014-2015 influenza season.	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
#118 (NQF 0066)	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Effective Clinical Care	REGISTRY ONLY	This measure is to be reported a minimum of once per reporting period for all patients with CAD seen during the reporting period.	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy.
#154 (NQF 0101)	Falls: Risk Assessment (Two part measure-pair with #155)	Patient Safety	CLAIMS, REGISTRY	This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period.	Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.
#155 (NQF 0101)	Falls: Plan of Care (Two part measure - pair with #154)	Communication and Care Coordination	CLAIMS, REGISTRY	This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period.	Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.



PQRS Number	Measure Name	Domain	Methodology	Measure Reporting	Description
#317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented	Community/Population Health	CLAIMS, REGISTRY	This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. Eligible professionals who report the measure must perform the blood pressure screening at the time of a qualifying visit and may not obtain measurements from external sources.	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated
#326 (NQF 1525)	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	Patient Safety	CLAIMS, REGISTRY	This measure is to be reported a minimum of once per reporting period for patients with nonvalvular AF or atrial flutter seen during the reporting period.	Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism