

**CCNC Quality Measures and Feedback  
Final Measures for 2009 Reporting Year**

**General Notes on Chart Review Measures:**

- Patients are eligible for inclusion in the sample by meeting disease criteria during the 12-24 months prior to the date of sampling, with at least 10 months of Carolina Access enrollment during the 12 months prior to sampling. Charts are reviewed at the practice of the primary care provider assigned to the patient at the time of sampling. The presence of the disease must be confirmed by chart review.
- Patients with any of four qualifying condition (DM, asthma, HF, or Ischemic Vascular Disease) are eligible for the sample. Sampled patients with multiple co-morbidities (including HTN) will be audited for all confirmed conditions.
- All measures allow a one-year look back period from the date of the most recent office visit, unless otherwise specified
- We are developing a system to make practice-level results with patient-level detail available on a next-day basis. Chart reviews will be conducted continuously over the course of the year. Network and Program level results will be compiled after all reviews are completed.

**General Notes on Claims-Derived Measures:**

- Claims measures will be reported quarterly, reflecting claims paid within 90 days of the end of each quarter
- Patients will be included in claims-derived measures if:
  - Medicaid is the primary payer
  - modified HEDIS disease definition criteria met 12-24 months prior to end of reporting period
  - patient is enrolled with CA 10 of 12 months prior to end of reporting period, and enrolled with PCP as of end of reporting period
- A “care alert” system is under development, which would allow providers access to continuously updated lists of currently enrolled patients in default of recommended services, as available in claims data

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## Asthma

	Specifications	Source	Baseline estimate	LOE*	Rationale/Notes
	Denominator (modified HEDIS criteria) <ul style="list-style-type: none"> <li>• Diagnosis of asthma based on specific ICD9 codes in Inpatient or ED visit, or 4+ outpatient visits plus asthma meds; or meeting asthma medication criteria</li> <li>• COPD patients excluded</li> </ul>	Audit vs. Claims			
Continued Care Visit with assessment of symptoms	Continued care visit defined as one with a listed diagnosis of asthma Symptom assessment determined from review of progress notes or completed patient questionnaires	A		B,C	<ul style="list-style-type: none"> <li>• IPIP, GQI</li> <li>• Patient questionnaire- existing standardized tools readily available</li> </ul>
Action Plan	For all patients with asthma	A		B	<ul style="list-style-type: none"> <li>• NQF supported, IPIP-optional measure</li> <li>• CCNC Action Plan- revised and in pilot phase</li> </ul>
Assessment of environmental triggers	Documentation collected from review of progress notes, action plans, and patient questionnaires	A		A	<ul style="list-style-type: none"> <li>• Current IPIP measure is limited to smoking cessation</li> <li>• CCNC Tools: assessment form? Check boxes included on Action Plan</li> </ul>
Medication measure 1- Beta agonist overuse	Among patients with diagnosis of asthma (modified Hedis), % overusing Beta agonist (>5 canister fill dates in a 90 day period during the measurement year)	C		A	<ul style="list-style-type: none"> <li>• National PQA measure (Pharmacy Quality Alliance), measure of suboptimal control</li> <li>• 2007 NIH Guidelines Recommend severity assessment at diagnosis, then assess control at subsequent visits (therefore, we cannot readily determine if pt currently has “persistent asthma” via chart review).</li> <li>• IPIP/GQI/NCQA Hedis measure has been “controller meds for persistent asthma”. We expect new national measures to emerge from AMA Physician Consortium, late 2008?</li> </ul>
Medication measure 2- Beta agonist overuse with no controller med fill	Among patients with beta agonist overuse, % with no controller med filled during the measurement year	C		A	
Medication measure 3- Beta agonist overuse with no controller med prescribed	Among patients with beta agonist overuse, % with no controller med prescription documented in chart  (this measure will appear on the claims measures report the quarter after audits are completed)	C/A		A	
Asthma ED visits		C			<ul style="list-style-type: none"> <li>• Reporting time period- one year</li> </ul>
Asthma Hospitalizations		C			<ul style="list-style-type: none"> <li>• Reporting time period- one year</li> </ul>

\* per NHLBI guidelines

## Diabetes

	Specifications	Source	Baseline estimate	LOE*	Rationale/Notes
DIABETES	<b>Denominator</b> (modified NCQA HEDIS): <ul style="list-style-type: none"> <li>diagnosis of DM based on               <ul style="list-style-type: none"> <li>ICD-9 codes (250, 357.2, 362.0, 366.41)</li> <li>pharmacy data (list from NCQA)</li> <li>2 or more ambulatory visits, one IP stay or ED visits</li> </ul> </li> </ul>				<ul style="list-style-type: none"> <li>Given rising prevalence in peds practices, workgroup recommends retaining measures that are consistent with evidence based guidelines for children. (NCQA limits all DM measures to ages 18-75)</li> </ul>
A1c testing	1 or more measurements during year <ul style="list-style-type: none"> <li>All ages</li> </ul>	A		A	<ul style="list-style-type: none"> <li>NCQA, NQF, AQA</li> <li>(Prior CCNC audits required 2 or more measurements)</li> </ul>
A1c control (good)	Most recent HbA1c is <7.0% (good control) Pts with no test are counted as "poor control" <ul style="list-style-type: none"> <li>Age <math>\geq 18^1</math></li> </ul>	A	47%	A	<ul style="list-style-type: none"> <li>NCQA DPRP IPIP optional</li> <li>A1C goals vary by age in peds</li> </ul>
A1c control (poor)	Most recent HbA1c is >9.0% (poor control) Pts with no test are counted as "poor control" <ul style="list-style-type: none"> <li>Age <math>\geq 18^1</math></li> </ul>	A	21%		<ul style="list-style-type: none"> <li>NCQA DPRP, NQF, CMS PQRI IPIP</li> <li>A1C goals vary by age in peds</li> </ul>
Lipid Management (good)	Most recent LDL-C is <100mg/dl Pts with no test are counted as "poor control" <ul style="list-style-type: none"> <li>Age <math>\geq 18^1</math></li> </ul>	A	56%	A	<ul style="list-style-type: none"> <li>NCQA DPRP, PQRI IPIP</li> <li>Recommended frequency of lipid testing varies by age</li> </ul>
Lipid Management (poor)	Most recent LDL-C is >130mg/dl Pts with no test are counted as "poor control" <ul style="list-style-type: none"> <li>All ages</li> </ul>	A	19%		<ul style="list-style-type: none"> <li>NCQA DPRP IPIP optional</li> <li>Recommended frequency of lipid testing varies by age</li> </ul>
BP Control (good)	Most recent BP <130 systolic and <80 diastolic <ul style="list-style-type: none"> <li>Age <math>\geq 18^1</math></li> </ul>	A	37%	A	<ul style="list-style-type: none"> <li>NCQA DPRP BTE IPIP (PQRI measures &lt;140/80) BP goals vary by age in peds<sup>1</sup></li> </ul>
BP Control (poor)	Most recent BP >140 systolic or >90 diastolic	A	34%		<ul style="list-style-type: none"> <li>NCQA DPRP BTE IPIP optional</li> <li>BP goals vary by age in peds</li> </ul>
Foot Exam	Any foot exam <ul style="list-style-type: none"> <li>Age <math>\geq 18</math></li> </ul>	A	69%	B	<ul style="list-style-type: none"> <li>NCQA DPRP IPIP optional</li> </ul>
Aspirin use	Aspirin use addressed, based on: <ul style="list-style-type: none"> <li>Aspirin or other antiplatelet therapy on med list or flowsheet</li> <li>Contraindication or allergy noted</li> <li>Documented discussion of risks/benefits</li> </ul> <ul style="list-style-type: none"> <li>Age <math>\geq 40</math></li> </ul>	A	34-72%	A	<ul style="list-style-type: none"> <li>ADA Clinical Practice Recommendations</li> </ul>
Eye Exam	Claim for eye exam <ul style="list-style-type: none"> <li>Age <math>\geq 10</math></li> </ul>	C	61%	A	<ul style="list-style-type: none"> <li>NCQA DPRP IPIP</li> </ul>

Nephropathy screening	Patients screened for nephropathy or evidence of nephropathy, based on any one of the following: <ul style="list-style-type: none"> <li>- dx or tx for nephropathy, using specific CPT codes</li> <li>- urine microalbumin test during year</li> <li>- ACE inhibitor/ARB therapy during year</li> <li>• Age <math>\geq 10</math></li> </ul>	C	76%	A	<ul style="list-style-type: none"> <li>• NCQA Hedis, NCQA DPRP IPIP</li> <li>• Workgroup recommends piloting as claims measure; may be difficult to audit efficiently</li> </ul>
Smoking status and cessation advice or treatment	Requires: <ul style="list-style-type: none"> <li>-documentation that patient is non-smoker, or</li> <li>-documentation of cessation advice or treatment within past year</li> </ul> Qualifying patients: $\geq$ age 10			B	<ul style="list-style-type: none"> <li>• NCQA DPRP IPIP</li> </ul>

\*per ADA guidelines

### Ischemic Vascular Disease/Cardiovascular Disease Measures

	Specifications	Source	Baseline estimate (from HTN pop)	Strength of Rec/ LOE*	Rationale/Notes
Ischemic Vascular Disease	<b>Denominator</b> (per NCQA Heart Stroke Recognition Program) Specific ICD9 codes for coronary artery disease, ischemic heart disease, ischemic stroke, carotid artery or peripheral vascular disease				•
Aspirin use	Aspirin use addressed, based on: - Aspirin or other antiplatelet therapy on med list or flowsheet - Contraindication or allergy noted - Documented discussion of risks/benefits	A	34-72%	I/A	<ul style="list-style-type: none"> <li>• NCQA HSRP</li> <li>• ACC/AHA/PCPI</li> </ul>
Smoking status and cessation advice or treatment	Requires: -documentation that patient is non-smoker, or -documentation of cessation advice or treatment within past year	A	73-92% screened; 50% advised to quit	I/B	<ul style="list-style-type: none"> <li>• NCQA HSRP</li> <li>• ACC/AHA/PCPI</li> </ul>
BP Control	BP <140/90	A	60-69%	I/A	<ul style="list-style-type: none"> <li>• NCQA HSRP</li> <li>• GQI</li> </ul>
Lipid Testing	Lipid panel or LDL within past year	A	82-86%	I/A	<ul style="list-style-type: none"> <li>• NCQA HSRP</li> <li>• NCQA Hedis</li> <li>• ACC/AHA/PCPI</li> </ul>
LDL Control	LDL <100	A		I/A	<ul style="list-style-type: none"> <li>• NCQA HSRP</li> <li>• NCQA Hedis</li> </ul>

\* per ACC/AHA Guidelines

### Hypertension Measure

	Specifications	Source	Baseline estimate	LOE	Rationale/Notes
HTN	Denominator (per HEDIS): Any ICD9 code of 401				•
BP <140/90	Most recent BP in chart	A	59%		<ul style="list-style-type: none"> <li>• NCQA HSRP</li> <li>• GQI</li> <li>• NCQA Hedis</li> </ul>

## Heart Failure Measures

	Specifications	Source	Baseline estimate	Strength of Rec/ LOE*	Rationale/Notes
	<b>Denominator:</b> <ul style="list-style-type: none"> <li>pts <math>\geq</math>18y with heart failure</li> <li>diagnosis of CHF based on specific ICD-9 codes, in Inpatient or ED visit or 2+ outpatient visits</li> </ul>				•
Left ventricular function (LVF) assessment	LVF assessment (echocardiogram, cardiac cath, sestimibi, RNV) in claims history	C	79%	I/C	<ul style="list-style-type: none"> <li>GQI</li> <li>ACC/AHA/PCPI</li> </ul>
LVF documentation	Quantitative or qualitative <u>results</u> of LVF assessment recorded in PCP chart	A	22%	I/C	<ul style="list-style-type: none"> <li>GQI</li> <li>ACC/AHA/PCPI</li> </ul>
ACE Inhibitor/ARB Therapy	% of pts with EF <40%, prescribed ACEI or ARB therapy	A	78%	I/A (ACEI), IIa/B (ARB)	<ul style="list-style-type: none"> <li>GQI</li> <li>ACC/AHA/PCPI</li> <li>CMS PQRI</li> </ul>
Beta Blocker Therapy	% of pts with ejection fraction <40%, prescribed Beta Blocker	A	68%	I/A	<ul style="list-style-type: none"> <li>GQI</li> <li>ACC/AHA/PCPI</li> <li>CMS PQRI</li> </ul>
Heart Failure Admissions	heart failure admission over prior year (primary or secondary diagnosis)	C			•
Heart Failure 30 day readmissions	readmissions for heart failure within 30 days of hospital discharge	C			•

\*per ACC/AHA Guidelines

**NOTE: For Practice-level reporting of measures that are valid across multiple conditions/populations, we will combine qualifying patients into the denominator of a single measure. The intent is to organize the report according to evidence-based clinical action (rather than by individual diseases), emphasize best practices across comorbidities, and improve “sample size” for each measure. See below:**

	<b>Specifications</b>
<b>Cardiovascular Prevention</b>	
Aspirin use	Aspirin use addressed, based on: <ul style="list-style-type: none"> <li>- Aspirin or other antiplatelet therapy on med list or flowsheet</li> <li>- Contraindication or allergy noted</li> <li>- Documented discussion of risks/benefits</li> </ul> <b>Qualifying patients:</b> <ul style="list-style-type: none"> <li>- <b>diabetes age 40+ , IVD/CVD</b></li> </ul>
Smoking status and cessation advice or treatment	Requires: <ul style="list-style-type: none"> <li>-documentation that patient is non-smoker, or</li> <li>-documentation of cessation advice or treatment within past year</li> </ul> <b>Qualifying patients: DM, IVD/CVD, HF, HTN</b>
BP Control	BP <140/90  <b>Qualifying patients: all with diagnosis of HTN</b>
Lipid Testing	Lipid panel or LDL within past year  <b>Qualifying patients: IVD/CVD, DM</b>
LDL Control	LDL <100  <b>Qualifying patients: IVD/CVD, DM</b>

**Post-MI Measures** (all claims-derived)  
 (expecting low numbers at practice level; will review findings at network or regional level)

	<b>Specifications</b>	<b>Source</b>	<b>Baseline estimate</b>	<b>Strength of Rec/LOE*</b>	<b>Rationale/Notes</b>
	<b>Denominator:</b> <ul style="list-style-type: none"> <li>• ≥18y</li> <li>• CAD with prior MI (specific ICD-9 and CPT codes)</li> </ul>				•
Drug therapy for lowering LDL cholesterol	<b>Numerator:</b> <ol style="list-style-type: none"> <li>1. Pts filling prescription for lipid-lowering therapy post-MI</li> <li>2. Pts with EITHER a prescription fill for lipid-lowering therapy OR a lipid test post-MI</li> </ol> <p>(will test both ways, and bring data back to workgroup for further recommendations)</p>	C		I A/B	<ul style="list-style-type: none"> <li>• GQI</li> <li>• ACC/AHA/PCPI</li> <li>• (PCPI specifications allow pts with documented LDL&lt;100 to be removed from measure; which we can't do with claims data)</li> </ul>
Beta blocker therapy	<b>Numerator:</b> <ul style="list-style-type: none"> <li>• Pts prescribed beta blocker therapy – first prescription fill</li> </ul>	C	Among 729 CCNC nondual pts with MI since summer 2006, 79% filled any Rx for B blocker; and only 27% have good persistence/adherence	I A	<ul style="list-style-type: none"> <li>• GQI</li> <li>• ACC/AHA/PCPI</li> <li>• CMS PQRI</li> <li>• (NCQA measures persistence of tx after MI)</li> </ul>

\*per ACC/AHA Guidelines

**Adult Prevention Measures** (all claims derived)

	Specifications		Source	Baseline estimate	Strength of Rec*	Rationale/Notes
	Numerator	Denominator				•
Mammography among women 40-69	# with one or more mammograms over prior 2 years	#Women ages 42-69 at end of measurement period ** Report 2 strata: 42-51 years and 52-69 years, as well as total. **Women with bilateral mastectomy in claims history are excluded	C	39%	A	• NCQA Hedis
Pap smear among women 21-64	# with one or more pap tests over prior 3 years	# women ages 24-64 at end of measurement period; women with prior hysterectomy are excluded	C	57%	A	• NCQA Hedis
Colorectal CA screening among men and women 50-75	# meeting any one of these criteria: <ul style="list-style-type: none"> <li>• FOBT within 1 year</li> <li>• Flex sig within 5 years</li> <li>• DCBE within 5 years</li> <li>• Colonoscopy within 10 years</li> </ul>	# pts ages 51-75 years at end of measurement period; pts with diagnosis of colon cancer are excluded.	C	24%	A	• NCQA Hedis, with upper age limit modified per USPSTF 2008 update

\* per USPSTF

**Pediatric Prevention Measures** (all claims derived)

Measure	Specifications		Baseline estimate (per 2006 HEDIS)	Rationale/Notes
	Numerator	Denominator		
Dental Topical Fluoride Varnishing	# pts with at least 4 dental varnish visits	Pts who turned 3.5 yrs old during the measurement year and were enrolled 35+ months since birth.		
Annual Dental Visit (ADV)	# pts with at least one dental visit with a dental practitioner. Stratification by age: 2-3, 4-6, 7-10, 11-14, 15-18, 19-21 AND Total.	Pts age 2-21 enrolled 10+ months stratified by age. (See numerator for age groupings).	54%	<ul style="list-style-type: none"> <li>• NCQA Hedis</li> <li>• c/w AAP/Bright Futures</li> </ul>
EPSDT VISIT (W15) Well-child visits in the first 15 months of life	# pts who had the following number of well-child visits with a PCP practitioner during the first 15 months of life. Stratification by number of WCV: 0, 1, 2, 3 4 5, 6 or more.	<ul style="list-style-type: none"> <li>○ Pts who turned 15 months old during the measurement year.</li> <li>○ enrolled at least 13 out of 14 months between 31 days old and 15 months old</li> </ul>	65% of CA pts have had 6 or more WCC visits in 1 <sup>st</sup> 15 months of life	<ul style="list-style-type: none"> <li>• NCQA Hedis</li> <li>c/w AAP/Bright Futures</li> </ul>
EPSDT VISIT (W34) Well-child visits in the Third, Fourth, Fifth and Sixth Years of Life	# pts who received one or more well-child visit with a PCP practitioner	Pts ages 3-6 enrolled 10+ months.	66%	<ul style="list-style-type: none"> <li>• NCQA Hedis</li> <li>c/w AAP/Bright Futures</li> </ul>
EPSDT VISIT (AWC) Adolescent well-care visits	# pts who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner  # of pts who have at least one comprehensive well-care visit in the last 3 years	Pts ages 12-21 enrolled 10+ months.  Pts ages 12-21 enrolled 30+ months	31%	<ul style="list-style-type: none"> <li>• NCQA Hedis</li> <li>c/w AAP/Bright Futures</li> </ul>

**APPENDIX A**  
**Legend for Proposed Measures Specifications Table**

**Source** A = data from Chart Audits C = data from Claims

**Baseline Estimate** = data from previous CCNC Audits, DMA Focus Studies, and/or Claims

**LOE** = Level of Evidence **Strength of Rec.** = Strength of Recommendation

**Rational/Notes** = summary of findings from Audit Workgroup to support proposed measure specifications, with notation of consistency with other quality measurement initiatives

**Evidence-Based Practice Guidelines, and Sources Used for LOE/ Strength of Recommendation Notations**

**Asthma**

The Expert Panel Report 3 (EPR-3) Summary Report 2007: Guidelines for the Diagnosis and Management of Asthma  
<http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>

**Diabetes**

ADA 2008 Clinical Practice Recommendations  
<http://care.diabetesjournals.org/content/vol31/supplement1/>.

**Ischemic Vascular Disease/Cardiovascular Disease**

2007 Chronic Angina Focused Update of the ACC/ AHA 2002 Guidelines for the Management of Patients With Chronic Stable Angina  
<http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.187930>

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- NHLBI National Cholesterol Education Program ATP III
- [www.nhlbi.nih.gov/guidelines/cholesterol/index.htm](http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm)

**Hypertension**

Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High blood Pressure (JCN7)  
<http://www.nhlbi.nih.gov/guidelines/hypertension/express.pdf>

**Heart Failure**

ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult  
<http://circ.ahajournals.org/cgi/content/full/112/12/e154>

**Post-MI**

ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction  
<http://circ.ahajournals.org/cgi/reprint/110/9/e82>

**Adult Prevention**

US Preventive Services Task Force  
<http://www.ahrq.gov/clinic/USpstfix.htm>

**Pediatric Prevention**

Preventive Pediatric Health Care, Bright Futures/American Academy of Pediatrics  
<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

## Acronyms and Measures Sources

**ACC/AHA = American College of Cardiology/American Heart Association**

<http://www.americanheart.org/presenter.jhtml?identifier=3004542>

**ADA = American Diabetes Association**

[www.diabetes.org](http://www.diabetes.org)

**AMA/PCPI/ACC/AHA = American Medical Association Physician Consortium for Performance Improvement/American College of Cardiology/American Heart Association**

[http://www.acc.org/advocacy/pdfs/quality\\_payerACCP4PAmbulatoryMeasureRecommendations.pdf](http://www.acc.org/advocacy/pdfs/quality_payerACCP4PAmbulatoryMeasureRecommendations.pdf)

**AQA = Ambulatory Care Quality Alliance**

<http://www.aqaalliance.org/performancewg.htm>

**BTE = Bridges to Excellence**

<http://www.bridgestoexcellence.org/>

**CMS PQRI = Centers for Medicare and Medicaid Services Physician Quality Reporting Initiative**

<http://www.cms.hhs.gov/pqri/>

**GQI = Governors Quality Initiative**

<http://www.ncgqi.org/businesses.htm>

**HEDIS = Health plan Employer Data and Information Set**

<http://www.health.state.mn.us/divs/hpsc/mcs/hedishome.htm>

**IPIP = Improving Performance in Practice**

<http://www.ncafp.com/home/programs/ipip>

**NCQA = National Committee for Quality Assurance**

<http://www.ncqa.org/>

**NCQA DPRP = Diabetes Physician Recognition Program**

<http://www.ncqa.org/tabid/139/Default.aspx>

**NCQA HEDIS = Health plan Employer Data and Information Set and Quality Measurement**

<http://www.ncqa.org/tabid/59/Default.aspx>

**NCQA HSRP = Heart/Stroke Recognition Program**

<http://www.ncqa.org/tabid/140/Default.aspx>

**NIH = National Institute for Health**

<http://www.nih.gov/>

**NQF = National Quality Forum**

<http://www.qualityforum.org/>

**PQA = Pharmacy Quality Alliance**

<http://www.pqaalliance.org/>

**PQRI = Physician Quality Reporting Initiative**

<http://www.cms.hhs.gov/PQRI/>

<http://www.asahq.org/Washington/pqrilinks.htm#new>

**APPENDIX B:**  
**Summary Measures Grids for Chart Review and Claims-Based Measures**  
**Discontinued Diabetes Measures**

Chart Review Measures

	Asthma	Diabetes (age noted)	Cardiovascular Condition (IVD)	CHF	HTN
A1C testing		X (3+)			
A1C <7		X (18+)			
A1C >9		X (18+)			
Lipid testing			X		
LDL Control		(18+)	-		
• <100		X	X		
• >130		X			
• <130					
BP Control		(18+)	-		-
• <130/80		X	-		-
• >140/90		X	-		-
• <140/90			X		X
Aspirin use or discussion		X (age 40+)	X		
Foot Exam		X (18+)			
Smoking status and cessation advice		X (10+)	X	X	X
LVF assessment				X	
ACE/ARB Rx				X (if EF <40%)	
B blocker Rx				X (if EF <40%)	
Continued care visit with assessment of sx's	X				
Controller medication prescribed	X				
Assessment of triggers	X				
Action Plan	X				

Claims-derived Measures

	Diabetes	Post-MI	CHF	Asthma	Adult Prevention	Peds Prevention
Eye exam	X					
Nephropathy screening (microalbumin or ACE/ARB fill)	X					
Beta blocker fill		X				
Cholesterol med fill		X				
Beta agonist overuse				X		
LVEF assessment			X			
Mammography within 2 yrs					X	
Pap smear within 3 yrs					X	
Colorectal CA screen					X	
EPSDT visit						X
Dental visit						X
ED count				X		
Inpatient count			X	X		
30d readmission count			X			

## Discontinued Diabetes Measures

	Round 6 performance	LOE	Rationale/Notes
DIABETES			•
BP testing every visit	97%	A	• High performance, limited room for improvement
Continued Care visits	96%		• High performance, limited room for improvement
Monofilament exam	46%		• Limited evidence for value of extensive foot exam (simplify to NCQA-endorsed measure)
Influenza vaccine	39%	C	• Level of evidence is low, accuracy of chart audit data is questionable, no claims, not consistent with HEDIS, NCQA, etc
Pneumococcal vaccine	36%	C	Level of evidence is low, accuracy of chart audit data is questionable, no claims, not consistent with HEDIS, NCQA, etc
Referral for eye exam	70% 51%		Cumbersome to audit Presence/absence of referral not strongly associated with receipt of exam: <i>From recent CCNC audit: 70% had referral, 61% had claim (70% with referral had claim, 52% with no referral had claim)</i>
Flow sheet	54%		Valuable QI tool but not a process or outcome measure to evaluate care