



Clinical and Quality Measures: Definitions

Prepared by the Center for Community Health and Evaluation

NOTES

Health center grantees: report the data measures for each site that is participating in PHASE

Consortium grantees: report the data measures for each health center that is participating in PHASE

Hospital grantees: report the data measures for each site that is participating in PHASE

Measurement year is defined as the rolling year up through the end of the quarter.

For example, the report for Q1 of 2017 is for the measurement year of April 1, 2016 through March 31, 2017.

For the screening & follow-up measures, you do not need to submit both UDS and PRIME defined data; choose just one.

Questions? Contact Carly Levitz at the Center for Community Health and Evaluation (levitz.c@ghc.org)

Patient population measures	Definition	Measure name in reporting template
Organization-level involvement	Hospital & health center grantees: this should be 1 for each site Consortium grantees: this is the number of sites participating in PHASE within a participating health center.	Sites
The number of patients with a diagnosis of diabetes (type 1 or type 2) who are aged 18-75	ICD 10 codes: E10, E11, E13, O24.0, O24.1 , O24.3 , O24.8 Patients aged 18-75 with at least two outpatient visits, observation visits, ED visits or non-acute inpatient on different dates of service, with a diagnosis of diabetes during the measurement year or year prior --OR-- With at least one acute inpatient encounter with a diagnosis of diabetes during the measurement year or year prior Exclusions (optional): - Patients who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year, and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.	Diabetes patients
The number of patients with a diagnosis of	MI ICD 10 codes: I21, I22, I23, I25.2	

Clinical ASCVD, any age	CABG: Procedure codes 0210-0213 (Z95.1 for CHCs) PCI: Procedure codes 0270-0273 (Z98.61 for CHCs) IVD ICD 10 codes: I20, I24, I25.1, I25.5, I25.6, 125.7, 125.8, 125.9, I63, I65, I66, 167.2, I70 Other revascularization: [no ICD10 codes] CPT codes 37220, 37221, 3722-27231	ASCVD patients
The number of patients with a diagnosis of hypertension who are aged 18-85	ICD 10 codes: I10 Patients aged 18-85 with an outpatient diagnosis of hypertension during the first 6-month period of the measurement year Exclusions (optional): - Patients with evidence of end-stage renal disease - Patients with a kidney transplant on or prior to the last day of the measurement year. - Patients who are pregnant during the measurement year. - Patients who had a non-acute inpatient admission during the measurement year.	Hypertension patients
Unduplicated patients who meet at least one of the above criteria	See above ICD codes If a patient has one or more of the relevant diagnoses, only count them once.	Unduplicated patients

Prescription measures	Definition	Measure name in reporting template
% of diabetic patients aged 55-75 prescribed a statin	Numerator: # of diabetic patients* aged 55-75 who have been prescribed a statin, where the medication order is current during the measurement year Denominator: # of diabetic patients* aged 55-75 * Same event/diagnosis criteria apply as in the Patient Population Measures section, except age.	Diabetes statin
% of diabetic patients aged 55-75 prescribed an ACE or an ARB	Numerator: # of diabetic patients* aged 55-75 who have been prescribed an ACE or ARB, where the medication order is current during the measurement year Denominator: # of diabetic patients* aged 55-75 * Same event/diagnosis criteria apply as in the Patient Population Measures section, except age.	Diabetes ACE/ARB
% of diabetic patients aged 55-75 prescribed both a statin and an ACE or ARB	Numerator: # of diabetic patients* aged 55-75 who have been prescribed a statin and an ACE or ARB, where the medication order is current during the measurement year Denominator: # of diabetic patients* aged 55-75 * Same event/diagnosis criteria apply as in the Patient Population Measures section, except age.	Diabetes statin and ACE/ARB

<p>% of hypertensive patients aged 18-85 who have been prescribed an oral drug in the anti-hypertensive class</p>	<p>Numerator: # of patients with hypertension aged 18-85 with an outpatient diagnosis of hypertension during the first 6-month period of the measurement year who have been prescribed an oral drug in the anti-hypertensive class, where the medication order is current during the measurement year</p>	<p>HTN antihypertensive</p>
<p>Denominator: # of hypertensive patients* aged 18-85</p>		
<p>* Same event/diagnosis/exclusion criteria apply as in the Patient Population Measures</p>		

<p>Screening & follow-up measures*</p>		<p>Measure name in reporting template</p>
<p>Tobacco screening & follow-up: PRIME</p>	<p>Definition * Grantees can decide to use either the UDS or PRIME measure definitions.</p> <p>Numerator: The number of patients aged 18 years and older who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.</p> <ul style="list-style-type: none"> - Cessation intervention is documentation of providing cessation materials or counseling or prescribing cessation pharmacotherapy <p>Denominator: All patients aged 18 years and older seen for at least two visits OR at least one preventive visit during the measurement period.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason) 	<p>Tobacco</p>
<p>BMI screening & follow-up: PRIME</p>	<p>Numerator: The number of patients aged 18 years and older with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of normal parameters. Normal parameters are:</p> <ul style="list-style-type: none"> - If aged 18-64: $18.5 \leq \text{BMI} < 25$ - If aged 65+: $23 \leq \text{BMI} < 30$ <p>Follow-up is defined as documentation of at least one of the following:</p> <ul style="list-style-type: none"> - Documentation of education - Pharmacology - Dietary supplements or consultation - Exercise and/or nutrition counseling - Referral to surgery or specialists 	

	<p>Denominator: All patients aged 18 years and older on the date of the encounter with at least one eligible encounter during the measurement</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Patients who are pregnant - encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status - There is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate. 	BMI
Depression screening & follow-up: PRIME	<p>Numerator: The number of patients aged 12 years and older who were screened for clinical depression on the date of the encounter using an age appropriate standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen.</p> <p>Follow-up is defined as documentation of at least one of the following:</p> <ul style="list-style-type: none"> - Additional evaluation for depression - Suicide Risk Assessment - Referral to a practitioner who is qualified to diagnose and treat depression - Pharmacological interventions - Other interventions or follow-up for the diagnosis or treatment of depression <p>Denominator: All patients aged 12 years and older.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder - Patient refuses to participate - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status - Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. 	Depression
Tobacco screening & follow-up: UDS	<p>Numerator: Patients who were screened for tobacco use at least once within 24 months of the most recent visit and who received tobacco cessation intervention if identified as a tobacco user.</p> <ul style="list-style-type: none"> - Cessation intervention is documentation of providing cessation services or prescribing smoking cessation medication or use of smoking cessation agent. <p>Denominator: Patients aged 18 years and older seen for at least two visits in the measurement year or at least one preventive visit during the measurement period.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Patient records with documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) 	Tobacco

BMI screening & follow-up: UDS

Numerator: Patients aged 18 years and older with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of the most recent visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous six months of the current visit. Normal parameters are:

- If aged 18-64: $18.5 \leq \text{BMI} < 25$
- If aged 65+: $23 \leq \text{BMI} < 30$

Denominator: Patients who were 18 years of age or older with a medical visit during the

Exclusions:

- Patients who are pregnant
- Visits where the patient is receiving palliative care, refuses measurement of height and/or weight, is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status
- There is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate

BMI

Depression screening & follow-up: UDS

Numerator: Patients aged 12 years and older screened for clinical depression on the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, for whom a follow-up plan is documented on the date of the positive screen.

Denominator: Patients aged 12 years and older with at least one medical visit during the measurement period.

Exclusions:

- Patients who refuse to participate, who are in urgent or emergent situations
- Patients whose functional capacity or motivation to improve affects the accuracy of results
- Patients with an active diagnosis for depression or a diagnosis of bipolar disorder
- Patients who are already participating in ongoing treatment for depression

Depression

Clinical quality measures	Definition (HEDIS)	Measure name in reporting template
Controlled blood pressure for diabetes aged 18-75	<p>Numerator: # of diabetic patients* aged 18-75 who have a blood pressure of < 140/90 mm Hg during the past measurement year</p> <p>Denominator: # of diabetic patients* aged 18-75</p> <p>* Same event/diagnosis criteria as in the Patient Population Measures section apply.</p> <p>Note: if a patient does not have a blood pressure reading during the measurement year or the reading is incomplete, they are part of the denominator but not the numerator.</p>	Diabetes controlled blood pressure

Controlled hemoglobin A1c for diabetes aged 18-75	<p>Numerator: # of diabetic patients* aged 18-75 who have a hemoglobin A1c of < 9% during the past measurement year</p> <p>Denominator:# of diabetic patients* aged 18-75</p> <p>* Same event/diagnosis criteria as in the Patient Population Measures section apply.</p> <p>Note: if a patient does not have a HbA1c test during the measurement year or the test is incomplete, they are part of the denominator but not the numerator.</p>	Diabetes controlled A1c
Controlled blood pressure for hypertensives aged 18-85	<p>Numerator: hypertensive patients age 18–85 with an outpatient diagnosis of hypertension during the first 6-month period of the measurement year whose last blood pressure reading during the past measurement year was less than or equal to the following thresholds:</p> <ul style="list-style-type: none"> - if < 60 years, BP ≤ 139/89; - if ≥ 60 years and has Diabetes, BP ≤ 139/89; - if ≥ 60 years and does not have Diabetes, BP ≤ 149/89 <p>Denominator: # of hypertensive patients age 18–85 with an outpatient diagnosis of hypertension during the first 6-month period of the measurement year</p> <p>Note: if a patient does not have a blood pressure reading during the measurement year or the reading is incomplete, they are part of the denominator but not the numerator.</p>	Hypertension controlled blood pressure