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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| **CANCER SCREENING** | | |  |  |
| P32h | **Breast Screen age 50-74 (includes 3D mammogram)** | **50, ( 16, 48, 51, 60 and**  **othrcare not =1), catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **Males or gender unknown** * **Age<52 or >74** * **Patients age >=65 who were living long term in a VHA or community-based institutional setting** * **The patient had a bilateral mastectomy or gender alteration in the past** * **Those with documentation by the patient’s PCP that he/she does not believe the patient will experience a net benefit from cancer screening because of one or both of the specified reasons (life expectancy < 5 yrs or patient couldn’t tolerate further workup or treatment)** | **Cases included in the denominator will pass if:**   * **there is documentation of a mammogram performed at this or another VAMC, or by a private sector provider within the past 27 months**   **OR**   * **The medical record contains a report of a 3D mammogram (tomosynthesis mammogram) performed for the patient during the past 27 months** |
| P41h | **Cervical Screen Age 21-64** | **50, ( 16, 48, 51, 60 and**  **othrcare not =1)** ), catnum 54 with FE flagand othrcare not=1 | **Includes all cases except:**   * **Terminally ill patients** * **Males or gender unknown** * **Age<21 or >=65** * **The patient had a hysterectomy or congenital absence of the cervix** * **All Pap test reports within the past five years note sample was inadequate or that "no cervical cells were present"** * **Those who did not have cervical screening but there is documentation by the patient’s PCP that he/she does not believe the patient will experience a net benefit from cancer screening because of one or both of the specified reasons (life expectancy < 5 yrs or patient couldn’t tolerate further workup or treatment)** | **Cases included in the denominator will pass if:**   * **The collection date of the most recent Pap test performed at this or another VAMC or by a private sector provider is within the past 36 months**   **OR**   * **The collection date of the most recent Pap test is > 36 months and <=60 months and**   + **The patient is age >=30 and**   + **An HPV test was done at a VAMC or by a private sector provider within 4 days prior to or within 4 days after the date of the Pap test** |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| p42 | **Cervical Screen age 21-29** | **50, ( 16, 48, 51, 60 and**  **othrcare not =1)** ), catnum 54 with FE flagand othrcare not=1 | **Includes all cases except:**   * **Terminally ill patients** * **Males or gender unknown** * **Age<21 or >29** * **The patient had a hysterectomy or congenital absence of the cervix** * **All Pap test reports within the past five years note sample was inadequate or that "no cervical cells were present"** * **Those who did not have cervical screening but there is documentation by the patient’s PCP that he/she does not believe the patient will experience a net benefit from cancer screening because of one or both of the specified reasons (life expectancy < 5 yrs or patient couldn’t tolerate further workup or treatment)** | **Cases included in the denominator will pass if:**   * **The collection date of the most recent Pap test performed at this or another VAMC or by a private sector provider is within the past 36 months** |
| p43h | **Cervical Screen age 30-64** | **50, ( 16, 48, 51, 60 and**  **othrcare not =1)** ), catnum 54 with FE flagand othrcare not=1 | **Includes all cases except:**   * **Terminally ill patients** * **Males or gender unknown** * **Age<30 or >=65** * **The patient had a hysterectomy or congenital absence of the cervix** * **All Pap test reports within the past five years note sample was inadequate or that "no cervical cells were present"** * **Those who did not have cervical screening and there is documentation by the patient’s PCP that he/she does not believe the patient will experience a net benefit from cancer screening because of one or both of the specified reasons (life expectancy < 5 yrs or patient couldn’t tolerate further workup or treatment)** | **Cases included in the denominator will pass if:**   * **The collection date of the most recent Pap test performed at this or another VAMC or by a private sector provider is within the past 36 months**   **OR**   * **The collection date of the most recent Pap test is > 36 months and <=60 months and**   + **An HPV test was done at a VAMC or by a private sector provider within 4 days prior to or within 4 days after the date of the Pap test** |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| P61h | **Colorectal Screen age 51-75** | **50, (16, 48, 51, 60 and**  **othrcare not =1)** **, catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Age<=50 or >=76** * Patients age >=65 who were living long term in a VHA or community-based institutional setting * **Terminally ill patients** * **those who have a diagnosis of cancer of the colon or have had a total colectomy** * **those who did not have or refused sigmoidoscopy or colonoscopy or did not have FOBT in the required timeframe but did have a colon CT or stool based DNA test** * **Those who did not have colorectal screening and there is documentation by the patient’s PCP that he/she does not believe the patient will experience a net benefit from cancer screening because of one or both of the specified reasons (life expectancy < 5 yrs or patient couldn’t tolerate further workup or treatment)** | **Cases included in the denominator will pass if:**   * **there is documentation of one of the following at this or another VAMC or by a private sector provider:**   + **a colonoscopy within the past 10 years**   + **guaiac fecal occult blood test x 3 within the past year**   + **iFOBT/FIT testing within the past year**   + **a sigmoidoscopy within the past 5 years;** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **CARDIOVASCULAR** | | |  |  |
| **HEART FAILURE DIAGNOSIS** | | |  |  |
|  | Heart Failure Diagnosis  Number of cases reviewed | 50, (16, 48, 51, 60 and  othrcare not =1), catnum 54 with FE flagand othrcare not=1 | Number of cases with an active outpatient diagnosis of CHF (selchf = -1) and patient is not terminally ill (dochospce=2) |  |
| chf 7 | LVSF documented | 50, (16, 48, 51, 60 and  othrcare not =1) , catnum 54 with FE flagand othrcare not=1 | Includes all cases except:   * Terminally ill patients * Selchf is not selected | Cases included in the denominator will pass if:   * there isdocumentation in the medical record of left ventricular systolic function/ejection fraction |
| chf14 | LVSF <40 on ACEI or ARB | 50, (16, 48, 51, 60 and  othrcare not =1) , catnum 54 with FE flagand othrcare not=1 | Includes all cases except:   * Terminally ill patients * Selchf is not selected * Those with LVSF documented as 40% or greater or “other” narrative description (not moderately or severely impaired) * Those with a reason for not prescribing both ACEI and ARBs | Cases included in the denominator will pass if::   * there isdocumentation of one of the following:   + Patient is on an ACEI at the most recent OP visit or   + Patient is on an ARB at the most recent OP visit |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **HYPERTENSION DIAGNOSIS** | | |  |  |
|  | Hypertension Diagnosis- Number of cases reviewed | 50, (16, 48, 51, 60 and  othrcare not =1), catnum 54 with FE flagand othrcare not=1 | # of cases with an active outpatient diagnosis of hypertension and patient is not terminally ill (dochospce=2) |  |
| **Ihd5h** | **HTN: BP <140/90**  **Age 18-59** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag** **and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **Those with no diagnosis of HTN** * **Age<18 or >59** | Cases included in the denominator will pass if:   * **the most recent blood pressure\* is recorded as <140 systolic and < 90 diastolic**   **\*most recent BP may be one obtained by Care Coordination** |
| **Ihd52h** | **HTN: BP <150/90**  **Age 60-85** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag** **and othrcare not=1** | **Includes all cases except:**   * **Age<60 or >85** * Patients age >=65 who were living long term in a VHA or community-based institutional setting * **Terminally ill patients** * **Those with no diagnosis of HTN** * **Cases flagged with a diagnosis of DM** | Cases included in the denominator will pass if:   * **the most recent blood pressure\* is recorded as <150 systolic and < 90 diastolic**   **\*most recent BP may be one obtained by Care Coordination** |
| **Ihd51h** | **HTN and DM: BP <140/90 Age 60-85** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag** **and othrcare not=1** | **Includes all cases except:**   * **Age<60 or >85** * Patients age >=65 who were living long term in a VHA or community-based institutional setting * **Terminally ill patients** * **Those with no diagnosis of HTN** * **Cases not flagged with a diagnosis of DM** | Cases included in the denominator will pass if:   * **the most recent blood pressure\* is recorded as <140 systolic and < 90 diastolic**   **\*most recent BP may be one obtained by Care Coordination** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| Htn10 | HTN BP >=160/100 or not done  (low score is better) | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Those with no diagnosis of HTN * Age <18 or >75 | Cases included in the denominator will pass if:   * the most recent blood pressure\* is recorded as >= 160 systolic or >=100 diastolic or * a blood pressure was not recorded during the past year   **\*most recent BP may be one obtained by Care Coordination** |
| Htn11 | No Dx HTN  BP <= 140/90 | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Those with a diagnosis of HTN * Age <18 or >75 | Cases included in the denominator will pass if:   * the most recent blood pressure\* is recorded as <=140 systolic and <= 90 diastolic   **\*most recent BP may be one obtained by Care Coordination** |
| Htn12 | No Dx HTN BP >=160/100 or not done  (low score is better) | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Those with a diagnosis of HTN * Age <18 or >75 | Cases included in the denominator will pass if:   * the most recent blood pressure\* isrecorded as >= 160 systolic or >=100 diastolic or * a blood pressure was not recorded during the past year   **\*most recent BP may be one obtained by Care Coordination** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **HYPERLIPIDEMIA** | | |  |  |
| p10 | Hyperlipidemia Screening-Overall | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Males age < 35 and females age < 45 with no ischemic vascular disease, no PCI or CABG in the past 2 years , no past AMI, or no family history of coronary events occurring prior to age 45 * cases with documentation in the record that the patient was enrolled in a clinical trial or research protocol that precludes access to the lipid profile | Cases included in the denominator will pass if:   * There is a diagnosis of PCI or CABG in the past 2 years, DM or past AMI and a complete lipid profile was performed in the past 2 years (730 days) * The patient had an active diagnosis of ischemic vascular disease (vascdis 1-8) and a total cholesterol and either an HDL or LDL was done within the past 2 years (730 days) * The patient is male age < 35 or female age < 45 with no ischemic vascular disease, no PCI or CABG in the past 2 years, no DM or past AMI, but with family history of coronary events occurring prior to age 45 and a total cholesterol and either an LDL or HDL was done within the past 5 years (1825 days) * The patient is male age >=35 OR is female age >= 45, with no ischemic vascular disease, no PCI or CABG in the past 2 years, no DM or past AMI and there is no family history of coronary events or sudden death as specified (famhx = 99) and is a lifetime non-tobacco user or was screened for tobacco use and has not used in the past year, and does not have a diagnosis of HTN or does have a diagnosis of HTN but is not on antihypertensive meds and a total cholesterol and either an LDL or HDL was done in the past 5 years (1825 days) * The patient is male age >=35 OR female age >= 45 with no ischemic vascular disease, no PCI or CABG in the past 2 years, no DM or past AMI and any of the following   + patient has a family history of coronary events or sudden death as specified in famhx = 1,2,or 3 OR   + is a tobacco user or was not screened for tobacco use in the past year OR   + has a diagnosis of HTN and is on antihypertensive medication or refused antihypertensive medications   AND  had a total cholesterol either and LDL or HDL in the past 2 years (730 days) |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **CHRONIC VASCULAR DISEASE** | | |  |  |
| ihd40 | BP <140/90 or <150/65 or 3 moderate dose anti-hypertensives | 50, (16, 48, 51, 60 and  othrcare not =1) , catnum 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Age < 18 or >75 * Cases without one of the following:   + past AMI selected as a diagnosis and the date of discharge for AMI is <=730 days OR   + A PCI was done in the last 2 years OR   + A CABG was done in the last 2 years OR   + documentation within the past two years the pt is being treated for or had a new diagnosis of one of the following:     - CAD     - Stable angina     - Lower extremity arterial disease/peripheral artery disease     - Stroke     - Atheroembolism     - Renal artery atherosclerosis * The most recent NEXUS clinic visit when the patient was seen by a physician, APN, PA,or psychologist was NOT one of the following stop codes: 303, 305, 306, 309, 312, 322, 323, 348 or 350 * Cases with no BP reading documented in the past year | Cases included in the denominator will pass if:   * The patient’s most recent blood pressure\* is <140 systolic and <90 diastolic OR * The patient’s most recent blood pressure is <150 systolic and < 65 diastolic OR * the patient was prescribed 3 moderate dose anti-hypertensives during the timeframe from the date of the most recent blood pressure and100 days prior to to that date OR * A change was made to the daily dose of an anti-hypertensive medication from 90 days after the date of the most recent blood pressure up to the date of review OR * A new anti-hypertensive medication was added from 90 days after the date of the most recent blood pressure up to the date of review   \*does not include blood pressure taken by Care Coordination |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **cvrm2** | **Statin therapy for patients with cardiovascular disease** | **50, (16, 48, 51, 60 and**  **othrcare not =1), catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Age >75** * **Females age < 40** * **Patient’s without at least one of the following:**   + **an AMI, CABG, or PCI in the past two years**   + **an active diagnosis of CAD, angina, lower extremity arterial disease/PAD, stroke, atheroembolism, renal artery atherosclerosis** * **Patients with a diagnosis of CKD Stage 5 or ESRD in the past two years** * **patient is terminally ill per dochospce** * **patients with a diagnosis of cirrhosis in the past 2 years** * **patients with a diagnosis of myalgia, myosititis, myopathy, or rhabdomyolysis during the past year** * **females age <51 with pregnancy, in vitro fertilization or both during the past 2 years** * **females age <51who were prescribed clomiphene in the past 2 years** | **Cases included in the denominator will pass if:**   * + - **The patient was prescribed a statin medication in the past year and the statin was**       * **atorvastatin and the daily dose was >=10 mgs or**       * **lovastatin or pravastatin and the daily dose was >= 40 mgs or**       * **rosuvastatin and the daily dose was >= 5 mgs or**       * **fluvastatin and the daily dose was >= 80 mgs or**       * **simvastatin and the daily dose was >= 20 mgs or**       * **pitavastatin and the dose was >=2 mgs** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **DIAGNOSIS OF OLD MI (AMI > 8 weeks)** | | |  |  |
|  | Diagnosis of Past AMI (AMI > 8 weeks) | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Number of cases with a diagnosis of past AMI and the AMI occurred more than eight weeks prior to the date of the qualifying visit (selmi = true) and the patient is not terminally ill (dochospce=2) |  |
| **c12** | **AMI-Outpt ASA at most recent visit** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **Cases with no diagnosis of past AMI** * **cases with a documented reason for not prescribing ASA or patient refusal** | **Cases included in the denominator will pass if:**   * **ASA was included in the patient’s medication at the most recent OP visit.** |
| ihd6 | AMI-Outpt LVEF <40 on ACEI or ARB at most recent visit | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Cases with no diagnosis of past AMI * there is no documentation of left ventricular function * LVSF was not documented as <40% or moderate to severe systolic dysfunction * with documented reasons for not prescribing both ACEIs and ARBs or patient refusal | Cases included in the denominator will pass if:   * the patient was taking an ACEI at the most recent outpatient visit OR * the patient was taking an ARB at the most recent outpatient visit |
| **ihd20h** | **AMI-Received persistent beta blocker treatment for 6 months post AMI discharge** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **Age <18** * **Cases with no diagnosis of past AMI** * **date of discharge for most recent AMI in the past 2 years or first AMI within the past 18 months (if more than one) is <180 or > 730 days from study end date** * **there was a documented reason for not prescribing a beta blocker or patient refusal** | **Cases included in the denominator will pass if:**   * **the patient were on a beta blocker continuously during the 6 month period immediately following the AMI discharge** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **ENDOCRINE** | | |  |  |
| **DIAGNOSIS OF DIABETES** | | |  |  |
|  | Diabetes Mellitus Diagnosis –Number of cases reviewed | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Number of cases with active diagnosis of diabetes mellitus (seldm =-1) and the patient is not terminally ill (dochospce=2) |  |
| **c9h** | **HbgA1c annual** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **The case is not flagged for DM** * **Age <18 or >75** | **Cases included in the denominator will pass if:**   * **a HbA1c was done in the past year and the value is a valid value** |
| **dmg23h** | **HbgA1c > 9 or not done in the past year**  **(low score is better)** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **The case is not flagged for DM** * **Age <18 or >75** | **Cases included in the denominator will pass if:**   * **a HbA1c was done in the past year and** * **the value of the HbA1c was >9**   **OR**   * **an HbA1c was not done in the past year or the patient refused a HbA1c** |

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| **mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **dmg31h** | **Retinal exam, timely by disease** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **The case is not flagged for DM** * **Age <18 or >75** * **There is explicit documentation by an ophthalmologist or optometrist that the patient is blind and no longer needs a retinal exam.** | **Cases included in the denominator will pass if:**   * **a funduscopic/retinal exam was done within the past year at this or another VAMC or by a private sector provider and**   + **the retinal exam was performed by an ophthalmologist or an optometrist**   **or**   * + **a digital image/retinal photo (dilated or non-dilated)was sent to be read by an ophthalmologist or optometrist**   **OR**   * **if a funduscopic/retinal exam as described above was not performed in the past year, then**    + **in the year previous to the past year, a retinal exam was performed by an ophthalmologist or an optometrist or a digital image/retinal photo (dilated or non-dilated) was sent to be read by an ophthalmologist or optometrist**   **and**   * + **the report of the eye exam showed no retinopathy** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **dmg27h** | **BP <140/90** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Terminally ill patients** * **The case is not flagged for DM** * **Age <18 or >75** | Cases included in the denominator will pass if:  * **the most recent blood pressure recorded\* was <140 systolic and < 90 diastolic**   **\*most recent BP may be one obtained by Care Coordination** |
| dmg40 | BP <140/90 or <150/65 or 3 moderate dose anti-hypertensives | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Cases not flagged for DM * Age < 50 or >75 * The most recent NEXUS clinic visit when the patient was seen by a physician, APN, PA,or psychologist was NOT one of the following stop codes: 303, 305, 306, 309, 312, 322, 323, 348 or 350 * Cases with no BP reading documented in the past year | Cases included in the denominator will pass if:   * The patient’s most recent blood pressure\* is <140 systolic and <90 diastolic OR * The patient’s most recent blood pressure is <150 systolic and < 65 diastolic OR * the patient was prescribed 3 moderate dose anti-hypertensives during the timeframe from the date of the most recent blood pressure and100 days prior to to that date OR * A change was made to the daily dose of an anti-hypertensive medication from 90 days after the date of the most recent blood pressure up to the date of review OR * A new anti-hypertensive medication was added from 90 days after the date of the most recent blood pressure up to the date of review   \*Does not include BP measured by Care Coordination |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **dmg34h** | **Renal testing** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare** **not=1** | **Includes all cases except:**   * **Terminally ill patients** * **The case is not flagged for DM** * **Age <18 or >75** | **Cases included in the denominator will pass if:**  **One of the following:** Within the past 2 years the patient has an active diagnosis of diabetic nephropathy or ESRD, or  * **pt was seen by a nephrologist within the past year or** * **a urine protein was done** * **the patient had renal transplantation or** * **a microalbumin was performed within the past year or** * **the patient was on an ACEI at the most recent OP visit or** * **the patient was on an ARB at the most recent OP visit** |
| **cvrm1** | **Statin therapy for patients with diabetes** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Cases not flagged for diabetes** * **Age is <40 or >75** * **Patient is terminally ill per dochospce** * **Patient’s with any of the following:**   + **an AMI, CABG, or PCI in the past two years**   + **an active diagnosis of CAD, angina, lower extremity arterial disease/PAD, stroke, atheroembolism, renal artery atherosclerosis**   + **CKD stage 5 or ESRD in the past 2 years**   + **a diagnosis of cirrhosis in the past 2 years**   + **a diagnosis of myalgia, myosititis, myopathy, or rhabdomyolysis during the past year**   + **females age <51 with pregnancy, in vitro fertilization or both during the past 2 years**   + **females age <51who were prescribed clomiphene in the past 2 years** | **Cased included in the denominator will pass if:**   * **The patient was prescribed a statin medication in the past year and the statin was**   + - * **atorvastatin or**       * **fluvastatin or**       * **lovastatin or**       * **pravastatin or**       * **rosuvastatin or**       * **simvastatin or**       * **pitavastatin and**       * **the dose was >=1 mg** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| dmg51 | ASA included in current meds, Age 50-59 | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Patients <age 50 or >age 59 * The case is not flagged for DM  There is a documented reason for not prescribing ASA .or patient refusal | Cases included in the denominator will pass if:   * ASA was included in the patient’s medication at the most recent OP visit. |
| dmg52 | ASA included in current meds, Age 60-69 | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Patients <age 60 or >age 69 * The case is not flagged for DM  There is a documented reason for not prescribing ASA .or patient refusal | Cases included in the denominator will pass if:   * ASA was included in the patient’s medication at the most recent OP visit. |
| c7n | Foot Sensory exam using monofilament | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * The case is not flagged for DM * patients that are quadriplegic or paraplegic * patients that have had a past stroke resulting in bilateral sensory loss in the feet * patients who are a bilateral amputee | Cases included in the denominator will pass if:   * a foot sensory exam using monofilament was performed in the past year |
| c5 | Foot Inspection | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * The case is not flagged for DM * patients who are a bilateral amputee | Cases included in the denominator will pass if:   * a visual foot inspection was performed in the past year |
| c6 | Pedal pulses checked | 50, (16, 48, 51, 60 and  othrcare not =1) , 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * The case is not flagged for DM * patients who are a bilateral amputee | Cases included in the denominator will pass if:   * a check for pulses in the feet was performed in the past year |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **MENTAL HEALTH** | | |  |  |
| **sa7** | **Screened for alcohol use with AUDIT-C** | **50, 16, 48, 51, 60, 54 with FE flag** | **Includes all cases except:**   * **Terminally ill patients** * **Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND**   + **The severity of dementia was assessed during the past year by one of the specified tools AND**   + **The score of the assessment indicated moderate to severe dementia**  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired | **Cases included in the denominator will pass if**:   * **The score of question 1 is 0 or all three questions have a valid score documented in the past year and** * **The total score of screening within the past year is documented and** * **The outcome of screening in the past year is documented as positive or negative** |
| **sa17** | **AUDIT-C score 5 or greater and brief alcohol counseling documented** | **50, 16, 48, 51, 60, 54 with FE flag** | **Includes all cases except:**   * **Terminally ill patients** * **Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND**   + **The severity of dementia was assessed during the past year by one of the specified tools AND**   + **The score of the assessment indicated moderate to severe dementia**  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * + **The patient was seen in a VHA SUD clinic within 90 days of the most recent alcohol screening**   + **patient was not screened by AUDIT-C in the past year** * **The score of the AUDIT-C is <5 or** * **If the total score is not documented, the total**   **of the scores for questions 1, 2, and 3 is calculated by the computer and is <5**   * **The date of the most recent alcohol screening is <14 days prior to the study end date** | **Cases included in the denominator will pass if**:   * **One of the following:** * **The patient was advised to abstain and the advice was given within 14 days of the positive screen OR** * **The patient was advised to drink within recommended limits and the advice was given within 14 days of the positive screen**   **AND**   * **One of the following**   + **Personalized counseling regarding relationship of alcohol to the pt’s specific health issues was given within 14 days of the positive screen OR**   + **General alcohol related counseling was given within 14 days of the positive screen** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **ptsd51** | **Screened for PTSD at required intervals with PC-PTSD** | **50, 16, 48, 51, 60, 54 with FE flag** | **Includes all cases except:**   * **Terminally ill patients** * **Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND**   + **The severity of dementia was assessed during the past year by one of the specified tools AND**   + **The score of the assessment indicated moderate to severe dementia**  There is clinician documentation in the past year that the patient is moderately or severely cognitively impairedThe patient had a clinical encounter within the past year with PTSD identified as a reason for the visit by the specified ICD-10 CM codes | **Cases included in the denominator will pass if:**  **One of the following:**   * **Screening was done using the PC-PTSD screen and**   + **The answer to each question is documented and**   + **The total score is documented and**   + **The outcome is documented AND**     - **screening was done within the past year OR**     - **If the date of separation is more than 1825 days (5 years) ago, screening was done in the past 1825 days ( 5 years)**   **OR**   * **Screening was done using the PC-PTSD5+I9 within the past year and**   + **The veteran has not experienced exposure to traumatic events (traumevet=2) or**   + **The veteran has experienced exposure to traumatic events (traumevet=1 ) and**     - **The patient’s response to all 5 questions is documented and**     - **The total score is documented and**     - **The interpretation is documented** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| ptsd52 | Positive PC-PTSD screen with timely suicide ideation/behavior evaluation | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  there is clinician documentation in the past year that the patient is moderately or severely cognitively impairedthe patient had a clinical encounter within the past year with PTSD identified as a reason for the visit  * the patient was not screened using the PC-PTSD screen within the past 5 years  Screening using the PC-PTSD was done >365 days prior to the study begin date  * Screening was done using the PC-PTSD within the past year and one of the following:   + The total score documented in the record is <3 or   + the computer has calculated the total of the answers to the questions as <3 or   + The interpretation is documented as negative or is not documented * Screening was not done or the patient refused screening with the PC-PTSD5+I9 within the past year * Screening was completed using the PC-PTSD5+I9 within the past year and one of the following   + The veteran has not experienced exposure to traumatic events (traumevet=2) or the response to traumevet was not documented   + The veteran has experienced exposure to traumatic events and the score of the I9 question is 0 or not documented and the interpretation is negative or not documented | Cases included in the denominator will pass if:   * When screening was done using the PC-PTSD within the past year and the result was positive and   + The provider documented a suicide ideation/behavior evaluation and the evaluation was done within one day of the positive PTSD screen using the PCS clinical reminder or a notation by the provider that the suicide risk evaluation was completed or the C-SSRS was completed by an acceptable provider   + the date of the evaluation is valid   + the evaluation was completed within one day of the positive screen   OR   * When screening was done using the PC-PTSD5+19 within the past year and the I9 was positive   + An acceptable provider completed the C-SSRS on the day of the positive screen |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **mdd40** | **Screened for depression with PHQ-2** | **50, 16, 48, 51, 60, 54 with FE flag** | **Includes all cases except:**   * **Terminally ill patients** * **Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND**   + **The severity of dementia was assessed during the past year by one of the specified tools AND**   + **The score of the assessment indicated moderate to severe dementia**  there is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * **the patient had a clinical encounter within the past year with depression or bipolar disorder identified as a reason for the visit as evidenced by an applicable ICD-10 CM code** | **Cases included in the denominator will pass if:**   * **The patient was screened using the PHQ-2 and**   + **The answer to each question is documented and**   + **The total score is documented and**   + **The outcome is documented AND**   + **Screening was done within the past year**   **OR**   * **The patient was not screened using the PHQ-2 but was screened using the PHQ-2+I9 and**   + **The answers to questions 1 and 2 are documented**   + **The total score is documented and**   + **The outcome is documented AND**   + **Screening was done within the past year** |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| mdd41 | Positive depression screen with timely suicide ideation/behavior evaluation | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  there is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * the patient had a clinical encounter within the past year with depression or bipolar disorder identified as a reason for the visit as evidenced by an applicable ICD-10 CM code * There is no diagnosis of cognitive impairment or dementia or an encounter for depression or bipolar disorder and the patient was not screened for depression using the PHQ-2 * The patient was screened using the PHQ-2 and the total score or calculated score of the PHQ-2 is < 3 and the outcome is negative * The patient was not screened or refused screening by the PHQ-2+I9 * The patient was screened using the PHQ-2+I9 and the score of question 9 was 0 or no answer was documented and the interpretation was negative or not documented | Cases included in the denominator will pass if:   * The patient was screened using the PHQ-2 within the past year with a positive result and   + The provider documented a suicide ideation/behavior evaluation and the evaluation was done within one day of the positive depression screen using the PCS clinical reminder or a notation by the provider that the suicide risk evaluation was completed or an acceptable provider completed the C-SSRS   + the date of the evaluation is valid   + the evaluation was completed within one day of the positive screen   OR   * The patient was screened using the PHQ-2+I9 within the past year with a positive result and   + An acceptable provider completed the C-SSRS on the day of the positive screen |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| **sre1** | **Positive depression or PTSD screen with timely suicide evaluation** | **50, 51 16, 48, 60, 54 with FE flag** | Includes: **Sum of ptsd52 denominator and mdd41 denominator**  **\* Individual records may appear more than once in the denominator** | **Includes:**  **Sum of ptsd52 numerator and mdd41 numerator**  **\* Individual records may appear more than once in the numerator** |
| **IMMUNIZATIONS** | | |  |  |
| **pvc11h** | **Pneumococcal Vaccination age 65 or greater** | **50, (16, 48, 51, 60 and**  **othrcare not =1) 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * The patient is terminally ill * One of the following is documented   + Received chemotherapy during the past year   + Bone marrow transplant during the past year   + Prior anaphylactic reaction to components included in the pneumococcal vaccine * the patient’s age as of 1/1/17 is <65 | Cases included in the denominator will pass if:  * There is documentation of an immunocompromising condition and   + the patient received the PCV13 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient   AND   * + the patient received the PPSV23 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient   **AND**   * + The PCV13 was given >=56 days after the date the PPSV23 was given or   + The PPSV23 was given >=56 days after the date the PCV13 was given   OR   * There is no immunocompromising condition and   + the patient received the PCV13 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient and the patient was age >=60   AND   * + the patient received the PPSV23 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient and the patient was age >=60   **\* If the patient received either the PCV13 or the PPSV23 after age 60 and <365 days prior to the study end date, AND the other immunization was refused or never received, the case will be excluded** |

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| **IMMUNIZATIONS** | | |  |  |
| **p26h** | **Influenza Vaccination age 18 to 64**  \*\***This indicator will be scored beginning with April visits; does not appear on exit reports in Q1 and Q2** | **50, (16, 48, 51, 60 and**  **othrcare not =1) 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **The patient is terminally ill** * **The study begin date is <4/1/2018** * **The patient’s age as of 7/1/17 is <18 or >64** * **those whose only visit during immunization period preceded availability of the vaccine are excluded** | **Cases included in the denominator will pass if:**  * **influenza immunization was given at this VAMC, another VAMC, or in the private sector during the current influenza immunization season** * **If there is documentation of allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, or a bone marrow transplant within the past 12 months the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season** |
| **p25h** | **Influenza Vaccination age 65 or greater**  **\*\*\*\*This indicator will be scored beginning with April visits; does not appear on exit reports in Q1 and Q2** | **50, (16, 48, 51, 60 and**  **othrcare not =1) 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **The patient is terminally ill** * **The study begin date is <4/1/2018** * **The patient’s age as of 7/1/17 is <65** * **those whose only visit during immunization period preceded availability of the vaccine are excluded** | **Cases included in the denominator will pass if:**  * **influenza immunization was given at this VAMC, another VAMC, or in the private sector during the current influenza immunization season** * **If there is documentation of allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, or a bone marrow transplant within the past 12 months the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season** |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| **OSTEOPOROSIS** | | |  |  |
| ostp10 | Female >64 had bone density test after age 60 | 50, (16, 48, 51, 60 and  othrcare not =1) 54 with FE flag and othrcare not=1 | Includes all cases except:   * The patient is terminally ill * male or gender unknown * females age <= 64 | Cases included in the denominator will pass if: a bone mineral density test has been done since age 60 by DEXA and  * the skeletal site of testing was the hip and lumbar spine |
| **TOBACCO** | | |  |  |
| **smg8** | **Tobacco Users receiving counseling on how to quit-MH and non-MH** | **50, 51 16, 48, 60. 54 with FE flag** | **Includes all cases except:**   * **The patient is terminally il** * **The patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The date of the most recent tobacco screening is 99/99/9999 (patient was not screened)** * **The patient was screened for tobacco use and was not a current tobacco user at the most recent screening** | Cases included in the denominator will pass if:   * **the patient was provided with direct brief counseling on how to quit tobacco within the last year** |
| **smg10** | **Tobacco cessation medication offered- MH and non-MH** | **50, 51 16, 48, 60. 54 with FE flag** | **Includes all cases except:**   * **The patient is terminally ill** * **The patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The date of the most recent tobacco screening is 99/99/9999 (patient was not screened)** * **The patient was screened for tobacco use and was not a current tobacco user at the most recent screening** | **Cases included in the denominator will pass if:**  **One of the following**   * **Medication to assist with tobacco cessation was offered by a prescribing provider, OR** * **Both of the following**   + **Medication to assist with tobacco cessation was offered by a non- prescribing provider And**   + **The non-prescribing provider did document the patient’s request in the record or the patient refused tobacco cessation medication** |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | | **Numerator** |
| **smg9** | **Offered referral to assist with smoking cessation MH and non-MH** | **50, 51 16, 48, 60. 54 with FE flag** | **Includes all cases except:**   * **The patient is terminally ill** * **The patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The date of the most recent tobacco screening is 99/99/9999 (patient was not screened)** * **The patient was screened for tobacco use and was not a current tobacco user at the most recent screening** | | **Cases included in the denominator will pass if:**   * **the patient was offered referral for individual intervention or to a tobacco use cessation program** |
| smg2n | Used tobacco in past 12 months Nexus non-MH  (lower is better) | **50** | Includes all cases except:   * The patient is terminally ill | | Cases included in the denominator will pass if:   * the patient is not a lifetime non-user and * the patient was screened for tobacco use and is a tobacco user or * the patient was not screened for tobacco use in the past year |
| smg2mn | Used tobacco in past 12 months Nexus -MH  (lower is better) | 51 | Includes all cases except:   * The patient is terminally ill | Cases included in the denominator will pass if:   * the patient is not a lifetime non-user and * the patient was screened for tobacco use and is a tobacco user or * the patient was not screened for tobacco use in the past year | |
| p7 | Screened for tobacco use Nexus clinics | 50, 51 16, 48, 60, 54 with FE flag | Includes all cases except:   * The patient is terminally ill | Cases included in the denominator will pass if: the patient is a lifetime non-user of tobacco, or has not used tobacco within the past 7 years OR  * the patient was screened for tobacco use in the past year (is or is not a user.) | |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | | **Numerator** |
| **MOVE!** | | |  | |  |
| mov6 | Participation in MOVE!/Weight Management treatment | 50, (16, 48, 51, 60 and  othrcare not =1), 54 with FE flag and othrcare=1 | Includes all cases except:   * The patient is terminally ill * Age <=17 or >=70 * There is documentation within the past year of an indicator that weight management treatment is not appropriate * There is documentation in the year prior to the past year of a permanent contraindication to weight management treatment * The BMI is <25 * The BMI is >=25and <30 and there are no obesity related co-morbidities | | Cases included in the denominator will pass if:   * Within the past year the patient participated in VA weight management treatment or participated in non-VHA weight management treatment |
| **MEDICATION RECONCILIATION** | | | |  |  |
| mrec43 | Reconciled medication list provided to patient | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year * No medication list was given to the patient/caregiver **and** documented that patient maintains own medication list * The patient refused a list of the reconciled medications | Cases included in the denominator will pass if:  * There is documentation that a written list of the reconciled discharge medications was provided to the patient/caregiver at the end of Nexus clinic visit |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| mrec54 | Essential medication list for review with all components in note | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year | Cases included in the denominator will pass if:  * During the most recent NEXUS encounter there is evidence in the medical record that a medication list for review included all of the Essential Medication List components   + Active VA Prescriptions   + Remote Active VA Prescriptions   + Non-VA Prescriptions   + Expired VA Prescriptions within the last 90 days( and may include those expired within the past 180 days)   + Discontinued VA Prescriptions within the last 90 days (and may include those discontinued within the past 180 days) * Pending Medication Orders |
| mrec55 | Essential medication list for review includes active VA prescriptions | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year | Cases included in the denominator will pass if:  * During the most recent NEXUS encounter there is evidence in the medical record that a medication list for review included active VA prescriptions |
| mrec56 | Essential medication list for review includes remote active VA prescriptions | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year | Cases included in the denominator will pass if:  * During the most recent NEXUS encounter there is evidence in the medical record that a medication list for review included remote active VA prescriptions |
| mrec57 | Essential medication list for review includes non-VA medications | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year | Cases included in the denominator will pass if:  * During the most recent NEXUS encounter there is evidence in the medical record that a medication list for review included non-VA medications |
| mrec58 | Essential medication list for review includes expired VA prescriptions | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year | Cases included in the denominator will pass if:  * During the most recent NEXUS encounter there is evidence in the medical record that a medication list for review included expired VA prescriptions within the last 90 days (and may include those expired within the past 180 days) |

**CGPI Pilot Indicators**

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| mrec59 | Essential medication list for review includes discontinued VA prescriptions | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year | Cases included in the denominator will pass if:  * During the most recent NEXUS encounter there is evidence in the medical record that a medication list for review included discontinued VA medications within the last 90 days (and may include those discontinued within the past 180 days) |
| mrec60 | Essential medication list for review includes pending medication orders | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year | Cases included in the denominator will pass if:  * During the most recent NEXUS encounter there is evidence in the medical record that a medication list for review included pending medication orders |
| mrec61 | Essential medication list reviewed with patient/caregiver | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:   * Medications were not modified or prescribed by a provider during the most recent Nexus clinic visit in the past year * There is documentation the patient/caregiver is unable or unwilling to participate in review of essential medication list components | Cases included in the denominator will pass if:   * During the most recent NEXUS encounter there is evidence in the medical record the available essential medication list components were reviewed with the patient/caregiver |
| p33 | Breast Screen age45-74 timely per ACS guidelines | 50, (16, 48, 51, 60 and  othrcare not =1) 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Males or gender unknown * Age<45 or >74 * Patients age >=65 who were living long term in a VHA or community-based institutional setting * Those who did not have or refused to have a mammogram and   + The patient had a bilateral mastectomy or gender alteration in the past   + Those with documentation by the patient’s PCP that he/she does not believe the patient will experience a net benefit from cancer screening because of one or both of the specified reasons (life expectancy < 5 yrs or patient couldn’t tolerate further workup or treatment | Cases included in the denominator will pass if:   * there is documentation of a mammogram performed at this or another VAMC, or by a private sector provider   OR   * The medical record contains a report of a 3D mammogram (tomosynthesis mammogram) performed for the patient   And   * The date of screening is within the past 450 days or * If the patient is age >=55 and <=74 and screening was done >450 and <=810 days in the past |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| chl1 | Chlamydia screen age 16-24 | 50, (16, 48, 51, 60 and  othrcare not =1) 54 with FE flag and othrcare not=1 | Includes all cases except:   * Terminally ill patients * Males or gender unknown * Age<18 or >24 * Patients who did not have documentation of one of the following in the past year:   + Prescription for contraceptives   + Pregnancy   + Documentation the patient is sexually active   + Pregnancy test performed * Chlamydia testing was refused or not done in the past year and   + - There was no documentation that the patient was sexually active or of a prescription for contraceptives or pregnancy     - A pregnancy test was done     - AND   one of the following   * + - * there is documentation of a prescription for a retinoid medication within 6 days after the date of a pregnancy test OR       * there is documentation of a diagnostic x-ray within 6 days after the date of a pregnancy test | Cases are included in the numerator if:   * There is documentation the patient had one of the following in the past year:   + Prescription for contraceptives   + Pregnancy   + Documentation the patient is sexually active   + Pregnancy test performed   And   * The medical record contains the report of a chlamydia test for the patient performed by VHA or by a private sector provider within the past year |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| sui40 | Primary suicide risk screening while screening for depression | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year the patient is moderately or severely cognitively impaired  * The patient had a clinical encounter within the past   year with depression or bipolar disorder  identified as a reason for the visit as evidenced by  an applicable ICD-10 CM code   * The patient was screened using the PHQ-2 prior to 10/01/2018 | Cases are included in the numerator if:   * The patient was screened using the PHQ-2+19 within the past year and   + The answer to each question is documented and   + The total score is documented and   + The interpretation of the PHQ-2 is documented and   + The score for item 9 of the PHQ-2+I9 is documented and   + The interpretation of item 9 of the PHQ2+I9 is documented |
| sui51 | Primary suicide risk screening while screening for PTSD | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient had a clinical encounter within the past   year with PTSD identified as a reason for the  visit as evidenced by an applicable ICD-10 CM  code   * The patient was screened using the PC-PTSD prior to 10/01/2018 | Cases are included in the numerator if:   * The patient was screened using the PCPTSD5+19 within the past year and   + - The score for item 9 of the PC-PTSD5+I9 was documented and     - The interpretation of item9 was documented in the record and   + If the patient has experienced exposure to a traumatic event (traumevet=1)     - The answer to each of the PC-PTSD5+I9 questions was documented and     - The total score for the PC-PTSD5+I9 was documented and     - The interpretation of the PC-PTSD5+I9 was documented |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| sui2 | Timely secondary suicide risk screening | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient will be excluded from the denominator \*\*once if   + The patient had a clinical encounter within the past year with depression or bipolar disorder   identified as a reason for the visit as evidenced  by an applicable ICD-10 CM code or   * The patient was not screened within the past year for depression using the PHQ-2 and * The patient was not screened or refused screening for depression within the past year using the PHQ-2+I9 or * The patient was screened within the past year for depression using the PHQ-2+I9 and the interpretation was negative or not documented * The patient will be excluded from the denominator \*\*once if:   + The patient had a clinical encounter within the past year with PTSD identified as a reason for the visit as evidenced by an applicable ICD-10 CM code or * The patient was not screened within the past year for PTSD using the PC-PTSD and * The patient was not screened or refused screening for PTSD within the past year using the PC-PTSD5+I9 or * The patient was screened within the past year for depression using the PC-PTSD5+I9 and the interpretation was negative or not documented   \*\*Patients with a positive depression screen and a positive PTSD screen will appear in the denominator twice | Cases are included in the numerator once if:   * The patient was screened for depression using the PHQ-2+19 during the past year and   + The score for item 9 of the PHQ-2+I9 is documented as 1, 2, or 3 or   + The interpretation of item 9 of the PHQ2+I9 is positive and   + On the day of the positive I9, the C-SSRS was completed\* by an acceptable provider and the interpretation of the C-SSRS is documented as positive or negative   and  Cases are included in the numerator once if:   * The patient was screened for PTSD using the PC-PTSD5+19 during the past year and   + The score for item 9 of the PC-PTSD5+I9 is documented as 1, 2, or 3 or   + The interpretation of item 9 of the PC-PTSD5+I9 is positive and   + On the day of the positive I9, the C-SSRS was completed\* by an acceptable provider and the interpretation of the C-SSRS is documented as positive or negative   \*Completed= answers to questions 1 and 2 are documented and the answers to the remaining questions are documented as applicable.  Note: If positive screens for depression and PTSD are documented on the same date, and one C-SSRS is completed on the same date, two credits will be given in the numerator |
| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra1 | Timely VA comprehensive suicide risk assessment | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient will be excluded from the denominator \*\*once if   + The patient had a clinical encounter within the past year with depression or bipolar disorder   identified as a reason for the visit as evidenced  by an applicable ICD-10 CM code or   * The patient was not screened within the past year for depression using the PHQ-2 and * The patient was not screened or refused screening for depression within the past year using the PHQ-2+I9 or * The patient was screened within the past year for depression using the PHQ-2+I9 and the interpretation was negative or not documented * The patient will be excluded from the denominator \*\*once if:   + The patient had a clinical encounter within the past year with PTSD identified as a reason for the visit as evidenced by an applicable ICD-10 CM code or * The patient was not screened within the past year for PTSD using the PC-PTSD and * The patient was not screened or refused screening for PTSD within the past year using the PC-PTSD5+I9 or * The patient was screened within the past year for depression using the PC-PTSD5+I9 and the interpretation was negative or not documented * The score for C-SSRS questions 3, 4, 5, and 8 are anything other than 1 (yes) and the interpretation of the C-SSRS is negative or not documented   \*\*Cases with a positive depression screen and a positive PTSD screen will appear in the denominator twice | Cases are included in the numerator once if:   * On the same calendar day as depression screening and/or PTSD screening with a positive I9 score or interpretation and positive C-SSRS, a signed VA CRSA was documented in the record by an acceptable provider   + The clinical impression of acute risk was documented as high, intermediate or low risk and   + The clinical impression of chronic risk was documented as high, intermediate or low risk and   + At least one of the General Strategies for Managing Risk in any setting was selected from the list of interventions   Note: If positive screens for depression and PTSD are documented on the same date, and one VA CSRA is completed on the same date, two credits will be given in the numerator |
| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra2 | Evidence of clinical impression of acute risk on VA CSRA | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient will be excluded from the denominator \*\*once if   + The patient had a clinical encounter within the past year with depression or bipolar disorder   identified as a reason for the visit as evidenced  by an applicable ICD-10 CM code or   * The patient was not screened within the past year for depression using the PHQ-2 and * The patient was not screened or refused screening for depression within the past year using the PHQ-2+I9 or * The patient was screened within the past year for depression using the PHQ-2+I9 and the interpretation was negative or not documented * The patient will be excluded from the denominator \*\*once if:   + The patient had a clinical encounter within the past year with PTSD identified as a reason for the visit as evidenced by an applicable ICD-10 CM code or * The patient was not screened within the past year for PTSD using the PC-PTSD and * The patient was not screened or refused screening for PTSD within the past year using the PC-PTSD5+I9 or * The patient was screened within the past year for depression using the PC-PTSD5+I9 and the interpretation was negative or not documented * The score for C-SSRS questions 3, 4, 5, and 8 are anything other than 1 (yes) and the interpretation of the C-SSRS is negative or not documented   \*\*Cases with a positive depression screen and a positive PTSD screen will appear in the denominator twice | Cases are included in the numerator once if:   * On the same calendar day as depression screening and/or PTSD screening with a positive I9 score or interpretation and positive C-SSRS, a signed VA CRSA was documented in the record by an acceptable provider and   + The clinical impression of acute risk was documented as high, intermediate or low risk   Note: If positive screens for depression and PTSD are documented on the same date, and one VA CSRA is completed on the same date, two credits will be given in the numerator |
| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra3 | Evidence of clinical impression of chronic risk on VA CSRA | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient will be excluded from the denominator \*\*once if   + The patient had a clinical encounter within the past year with depression or bipolar disorder   identified as a reason for the visit as evidenced  by an applicable ICD-10 CM code or   * The patient was not screened within the past year for depression using the PHQ-2 and * The patient was not screened or refused screening for depression within the past year using the PHQ-2+I9 or * The patient was screened within the past year for depression using the PHQ-2+I9 and the interpretation was negative or not documented * The patient will be excluded from the denominator \*\*once if:   + The patient had a clinical encounter within the past year with PTSD identified as a reason for the visit as evidenced by an applicable ICD-10 CM code or * The patient was not screened within the past year for PTSD using the PC-PTSD and * The patient was not screened or refused screening for PTSD within the past year using the PC-PTSD5+I9 or * The patient was screened within the past year for depression using the PC-PTSD5+I9 and the interpretation was negative or not documented * The score for C-SSRS questions 3, 4, 5, and 8 are anything other than 1 (yes) and the interpretation of the C-SSRS is negative or not documented   \*\*Cases with a positive depression screen and a positive PTSD screen will appear in the denominator twice | Cases are included in the numerator once if:   * On the same calendar day as depression screening and/or PTSD screening with a positive I9 score or interpretation and positive C-SSRS, a signed VA CRSA was documented in the record by an acceptable provider and   + The clinical impression of chronic risk was documented as high, intermediate or low risk   Note: If positive screens for depression and PTSD are documented on the same date, and one VA CSRA is completed on the same date, two credits will be given in the numerator |
| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra4 | Evidence of risk mitigation on VA CSRA | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient will be excluded from the denominator \*\*once if   + The patient had a clinical encounter within the past year with depression or bipolar disorder   identified as a reason for the visit as evidenced  by an applicable ICD-10 CM code or   * The patient was not screened within the past year for depression using the PHQ-2 and * The patient was not screened or refused screening for depression within the past year using the PHQ-2+I9 or * The patient was screened within the past year for depression using the PHQ-2+I9 and the interpretation was negative or not documented * The patient will be excluded from the denominator \*\*once if:   + The patient had a clinical encounter within the past year with PTSD identified as a reason for the visit as evidenced by an applicable ICD-10 CM code or * The patient was not screened within the past year for PTSD using the PC-PTSD and * The patient was not screened or refused screening for PTSD within the past year using the PC-PTSD5+I9 or * The patient was screened within the past year for depression using the PC-PTSD5+I9 and the interpretation was negative or not documented * The score for C-SSRS questions 3, 4, 5, and 8 are anything other than 1 (yes) and the interpretation of the C-SSRS is negative or not documented   \*\*Cases with a positive depression screen and a positive PTSD screen will appear in the denominator twice | Cases are included in the numerator once if:   * On the same calendar day as depression screening and/or PTSD screening with a positive I9 score or interpretation and positive C-SSRS, a signed VA CRSA was documented in the record by an acceptable provider and   + At least one of the General Strategies for Managing Risk in any setting was selected from the list of interventions   Note: If positive screens for depression and PTSD are documented on the same date, and one VA CSRA is completed on the same date, two credits will be given in the numerator |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| fe1 | Assessed for urinary incontinence in the last 12 months | 54 and othrcare not=1 | Includes all cases except:Age <75 | Cases included in the denominator will pass if:The patient was screened for urinary incontinence in the past 365 days |
| fe3 | Fall history documented in the past 12 months | 54 and othrcare not=1 | Includes all cases except:Age <75 | Cases included in the denominator will pass if:The patient was asked about the presence/absence of any falls within the preceding 12 months |
| fe9 | Assessed functional status (ADL and IADL) in the past 12 months | 54 and othrcare not=1 | Includes all cases except:Age <75 | Cases included in the denominator will pass if:An assessment of the patient’s ADLs was performed in the last 12 months using a standardized tool AND An assessment of the patient’s instrumental activities of daily living (IADLs) was performed in the last 12 months using a standardized tool |

**ACOVE (age 75 years and older)**

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| **SCI&D** | | |  |  |
| **SCI&D-DIABETES** | | |  |  |
| scid3 | HbgA1c > 9 or not done in the past year  (low score is better) | 36 othrcare not =1, 61 | Includes all cases except:   * The patient is terminally ill * DM is not flagged as a diagnosis * Age <18 or >75 | Cases included in the denominator will pass if:   * an HbgA1c was done in the past year and * the value of the HbA1c was >9   OR   * an HbgA1c was not done in the past year |
| scid5 | Retinal exam, timely by disease | 36 othrcare not =1, 61 | Includes all cases except:   * The patient is terminally ill * DM is not flagged as a diagnosis * Age <18 or >75 * cases with explicit documentation by an ophthalmologist or optometrist that the patient is blind and no longer needs a retinal exam. | Cases included in the denominator will pass if:   * **a funduscopic/retinal exam was done within the past year at this or another VAMC or by a private sector provider and**   + **the retinal exam was performed by an ophthalmologist or an optometrist**   **or**   * + **a digital image/retinal photo (dilated or non-dilated)was sent to be read by an ophthalmologist or optometrist**   **OR**   * **if a funduscopic/retinal exam as described above was not performed in the past year, then**    + **in the year previous to the past year, a retinal exam was performed by an ophthalmologist or an optometrist or a digital image/retinal photo (dilated or non-dilated) was sent to be read by an ophthalmologist or optometrist**   **and**   * + **the report of the eye exam showed no retinopathy** |
| scid4 | DM-Outpt BP <140/90 | 36 and othrcare not =1, 61 | Includes all cases except:   * patient is terminally ill * DM is not flagged as a diagnosis * Age <18 or >75 | Cases included in the denominator will pass if:  * the most recent blood pressure recorded was <140 systolic and < 90 diastolic |
| scid7 | BP >=160/100 or not recorded  (lower score is better) | **36 and othrcare not =1, 61** | Includes all cases except:   * patient is terminally ill * DM is not flagged as a diagnosis * Age <18 or >75 | Cases included in the denominator will pass if:  * the most recent blood pressure recorded was >= 160 systolic or >=100 diastolic or * a blood pressure was not recorded during the past year. |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **SCI&D-IMMUNIZATIONS** | | |  |  |
| p19s | Influenza Vaccination  \*\***This indicator will be scored beginning with April visits; does not appear on exit reports in 1Q and 2Q** | 36 and othrcare not =1 or 61 | Includes all cases except:   * patient is terminally ill * The study begin date is < 4/1/2018 * those whose only visit during immunization period preceded availability of the vaccine are excluded | Cases included in the denominator will pass if:  * influenza immunization was given at this VAMC, another VAMC, or in the private sector during the current influenza immunization season * If there is documentation of allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, or a bone marrow transplant within the past 12 months the case will be **excluded** if the patient refused or did not receive the influenza immunization during the current immunization season |
| pvc11s | Pneumococcal Vaccination | 36 and othrcare not =1, 61 | Includes all cases except:   * patient is terminally ill * the patient’s age as of 1/1/17 is <65 * One of the following is documented   + Received chemotherapy during the past year   + Bone marrow transplant during the past year   + Prior anaphylactic reaction to components included in the pneumococcal vaccine | Cases included in the denominator will pass if:  * There is documentation of an immunocompromising condition and   + the patient received the PCV13 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient   AND   * + the patient received the PPSV23 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient   **AND**   * + The PCV13 was given >=56 days after the date the PPSV23 was given or   + The PPSV23 was given >=56 days after the date the PCV13 was given   OR   * There is no immunocompromising condition and   + the patient received the PCV13 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient and the patient was age >=60   AND   * the patient received the PPSV23 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient and the patient was age >=60   **\* If the patient received either the PCV13 or the PPSV23 after age 60 and <365 days prior to the study end date, AND the other immunization was refused or never received, the case will be excluded** |

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| **SCI&D-TOBACCO** | | |  |  |
| smg8s | Tobacco Users receiving counseling on how to quit- | 36 or 61 | Includes all cases except:   * patient is terminally ill * **The patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The date of the most recent tobacco screening is 99/99/9999 (patient was not screened)** * **The patient was screened for tobacco use and was not a current tobacco user at the most recent screening** | Cases included in the denominator will pass if:   * was provided with direct brief counseling on how to quit tobacco within the last year |
| smg10s | Tobacco cessation medication offered | 36 or 61 | Includes all cases except:   * patient is terminally ill * **The patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The date of the most recent tobacco screening is 99/99/9999 (patient was not screened)** * **The patient was screened for tobacco use and was not a current tobacco user at the most recent screening** | Cases included in the denominator will pass if:  One of the following   * Medication to assist with tobacco cessation was offered by a prescribing provider, OR * Both of the following   + Medication to assist with tobacco cessation was offered by a non- prescribing provider And   + The non-prescribing provider did document the patient’ s request in the record or the patient refused tobacco cessation medication |
| smg9s | Offered referral to assist with smoking cessation | 36 or 61 | Includes all cases except:   * patient is terminally ill * **The patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The date of the most recent tobacco screening is 99/99/9999 (patient was not screened)** * **The patient was screened for tobacco use and was not a current tobacco user at the most recent screening** | Cases included in the denominator will pass if:   * the patient was offered referral for individual intervention or to tobacco use cessation program |

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| **Mnemonic** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| smg2sn | Used tobacco in past 12 months Nexus | 36 or 61 | Includes all cases except:   * patient is terminally ill | Cases included in the denominator will pass if:   * the patient is not a lifetime non-user and * the patient was screened for tobacco use and is a tobacco user or * the patient was not screened for tobacco use in the past year |
| p7s | Outpt Screened for tobacco use | 36 or 61 | Includes all cases except:   * patient is terminally ill | Cases included in the denominator will pass if: the patient is a lifetime non-user of tobacco, or has not used tobacco within the past 7 years OR  * the patient was screened for tobacco use in the past year (is or is not a user.) |