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| **Indicator** | **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:**   * **Males or gender unknown** * **Age<52 or >74** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** * **The patient is terminally ill** * **The patient did not have a mammogram or refused a mammogram and had a bilateral mastectomy or gender alteration in the past** * **The patient did not have a mammogram 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 medical record contains a report of a mammogram (screening, digital or tomosynthesis (3D mammogram) performed for the patient during the past 27 months** |

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| **Indicator** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| 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:**   * **The patient is terminally ill** * **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"** * **The patient 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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| **Indicator** | **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:**   * **The patient is terminally ill** * **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"** * **The patient 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:**   * **The patient is terminally ill** * **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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| **Indicator** | **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** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** * **The patient is terminally ill** * **The patient has a diagnosis of cancer of the colon or had a total colectomy** * **The patient 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** * **The patient 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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| **Indicator** | **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:   * The patient is terminally ill * 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:   * The patient is terminally ill * 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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| **Indicator** | **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) |  |
| **Ihd53h** | **HTN: Controlling Blood Pressure** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **Age <18 or >85** * **The patient does not have a diagnosis of HTN** * **The patient did not have an outpatient encounter with a documented diagnosis of HTN within the past year** * **The patient did not have an outpatient encounter with a documented diagnosis of HTN in the two years prior to the study begin date and up to the date of the most recent OP encounter with a diagnosis of HTN** * **The patient had a non-acute inpatient admission during the past year** * **The patient had a kidney transplant within the past year** * **The patient has a diagnosis of CKD stage 5 or ESRD or on dialysis in the past two years** * **The patient is a female age <51 and was pregnant within the past year** * **The patient  is terminally ill** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and < 81 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient had an active prescription for a dementia medication** * **The patient is age>=81 and one of the following:**    + **the case is flagged for frailty or**   + **during the past year there is documentation of a condition/diagnosis consistent with frailty** | **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**  **\* If the most recent readings are for a Care Coordination blood pressure and for a blood pressure obtained in another acceptable setting on the same date, the lowest systolic reading and the lowest diastolic reading will be used to score the smg2mn**  **measure** |

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| **Indicator** | **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:   * The patient is terminally ill * 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 was screened for tobacco use using the National Clinical Reminder >=10/1/2018 and does not use tobacco or smoke cigarettes at all or used tobacco in the past but quit 1 year ago or more OR was not screened using the National Clinical Reminder and There is documentation in the past year and <10/1/2018 the patient 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   + the patient refused screening for tobacco use using the National Clinical Reminder or   + the patient was screened for tobacco use using the National Clinical Reminder and uses tobacco every day or some days or     - the patient does not currently use tobacco and it is not documented whether they ever used tobacco or     - the patient quit less than one year ago or when they quit is not documented OR   + There is documentation in the past year and <10/1/2018 the patient 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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| **Indicator** | **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:   * The patient is terminally ill * 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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| **Indicator** | **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 <21 or >75** * **Females age < 40** * **Patients 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** * **The patient is terminally ill** * **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** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** | **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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| **Indicator** | **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:   * The patient is terminally ill * 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:   * The patient is terminally ill * The patient has 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 * Patients 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 |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **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:**   * **The patient is terminally ill** * **Age <18** * **The patient has no diagnosis of past AMI** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR there is documentation the patient has an active prescription for a dementia medication** * **The patient is age>=81 and any of the following:**    + **the case is flagged for frailty**   + **the case is flagged for advanced age**   + **during the past year there is documentation of a condition/diagnosis consistent with frailty**   + **there is documentation that the patient has an active condition/diagnosis considered an advanced illness** * **The patient had more than one AMI in the 18 months prior to study end and the first date of discharge is < 180 days Or**   + **the patient had only one episode of AMI and the date of discharge from the most recent hospitalization for AMI in the past 2 years 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 was on a beta blocker continuously during the 6 month period immediately following the AMI discharge** |

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| **Indicator** | **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** | **HgbA1c annual** | **50, (16, 48, 51, 60 and**  **othrcare not =1) , catnum 54 with FE flag and othrcare not=1** | **Includes all cases except:**   * **The patient is terminally ill** * **The case is not flagged for DM** * **Age <18 or >75** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** | **Cases included in the denominator will pass if:**   * **a HbA1c was done in the past year and the value is a valid value** |
| **dmg23h** | **HgbA1c > 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:**   * **The patient is terminally ill** * **The case is not flagged for DM** * **Age <18 or >75** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** | **Cases included in the denominator will pass if:**   * **An HgbA1c was done in the past year and** * **the value of the HgbA1c was >9**   **OR**   * **An HbA1c was not done in the past year or the patient refused a HgbA1c** |

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| **Indicator** | **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:**   * **The patient is terminally ill** * **The case is not flagged for DM** * **Age <18 or >75** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND** * **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** * **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**   * **A funduscopic/retinal exam as described above was not performed in the past year, and**    + **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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| **Indicator** | **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:**   * **The patient is terminally ill** * **The case is not flagged for DM** * **Age <18 or >75** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** | 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:   * The patient is terminally ill * The case is 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 * No BP reading was 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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| **Indicator** | **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:**   * **The patient is terminally ill** * **The case is not flagged for DM** * **Age <18 or >75** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** | **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  * **The patient was seen by a nephrologist within the past year or** * **A urine protein was done within the past year or** * **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** |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **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:**   * **The case was not flagged for diabetes** * **The patient is terminally ill** * **The patient had an AMI in the past 2 years** * **Age is <40 or >75** * **The patient is age >=66 and there is documentation the patient is living long term in a VHA or community-based institutional setting** * **The patient is age >=66 and**   + **the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND**   + **The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness OR the patient has an active prescription for a dementia medication** * **The patient had any of the following within the past two years**   + **a CABG,or PCI**   + **an active diagnosis of CAD, angina, lower extremity arterial disease/PAD, stroke, atheroembolism, renal artery atherosclerosis**   + **CKD stage 5 or ESRD**   + **a diagnosis of cirrhosis** * **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** | **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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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| 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:   * The patient is terminally ill * The case is not flagged for DM * The patient is quadriplegic or paraplegic * The patient had a past stroke resulting in bilateral   sensory loss in the feet   * The patient is 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:   * The patient is terminally ill * The case is not flagged for DM * The patient is 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:   * The patient is terminally ill * The case is not flagged for DM * The patient is 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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| **Indicator** | **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:**   * **The patient is terminally ill** * **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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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **ptsd51** | **PTSD 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 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-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**   **OR**   * **Screening was done using the PC-PTSD screen <10/1/2018 and**   + **Date of separation is <=1825 days**   + **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)** |

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| **Indicator** | **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-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   OR   * When screening was done using the PC-PTSD within the past year and <10/1/2018 the result was positive and   + The provider documented a suicide ideation/behavior evaluation 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 PTSD screen |

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| **Indicator** | **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+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**   **OR**   * **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 and < 10/1/2018** |

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| **Indicator** | **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+I9 within the past year with a positive result and   + An acceptable provider completed the C-SSRS on the day of the positive screen   OR   * The patient was screened using the PHQ-2 within the past year and <10/1/2018 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 |

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| **Indicator** | **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 01/01/2018 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** | | |  |  |
| **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 <04/01/2019** * **The patient’s age as of 07/01/2018 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** |
| **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 <04/01/2019** * **The patient’s age as of 07/01/2018 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** |

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| **Indicator** | **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 Use Cessation-Advised to Quit (outpt)** | **50, 51 16, 48, 60. 54 with FE flag** | **Includes all cases except:**   * **The patient is terminally ill** * **The patient declined to answer National Clinical Reminder for Tobacco Screening questions >=10/1/2018 and prior to the end of the study interval or**   + **The patient was screened using the National Clinical Reminder and did not use tobacco at all** * **There is documentation within the past year and <10/1/2018 the patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The patient was not screened for tobacco use within the past year and <10/1/2018 or**   + **The patient was screened for tobacco use within the past year and <10/1/2018 and was not a current tobacco user at the most recent screening** | Cases included in the denominator will pass if:   * **>=10/1/2018 and prior to study end, the patient was screened by an acceptable provider using the National Clinical Reminder and used tobacco every day or some days and**   + **The patient was advised to quit smoking or stop using tobacco using the National Clinical reminder**   **OR**   * **The patient was screened for tobacco use within the past year and <10/1/2018 and is a current tobacco user and was provided with direct brief counseling on how to quit tobacco** |

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| **Indicator** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| **smg10** | **Tobacco Use Cessation-Discussed Cessation Medications (outpt)** | **50, 51 16, 48, 60. 54 with FE flag** | **Includes all cases except:**   * **The patient is terminally ill** * **The patient declined to answer National Clinical Reminder for Tobacco Screening questions >=10/1/2018 and prior to the end of the study interval or**   + **The patient was screened using the National Clinical Reminder and did not use tobacco at all** * **There is documentation within the past year and <10/1/2018 the patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The patient was not screened for tobacco use within the past year and <10/1/2018 or**   + **The patient was screened for tobacco use within the past year and <10/1/2018 and was not a current tobacco user at the most recent screening** | **Cases included in the denominator will pass if:**   * **>=10/1/2018 and prior to study end, the patient was screened by an acceptable provider using the National Clinical Reminder and used tobacco every day or some days and**   + **The patient was offered FDA approved medications by a provider to assist in tobacco use cessation using the National Clinical Reminder**   **OR**   * **The patient was screened for tobacco use within the past year and <10/1/2018 and is a current tobacco user and**   + **Within the past year and <10/1/2018, 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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| **Indicator** | **Description** | **Catnum(s)** | Denominator | | **Numerator** |
| **smg9** | **Tobacco Use Cessation-Discussed Cessation Strategies (outpt)** | **50, 51 16, 48, 60. 54 with FE flag** | **Includes all cases except:**   * **The patient is terminally ill** * **The patient declined to answer National Clinical Reminder for Tobacco Screening questions >=10/1/2018 and prior to the end of the study interval or**   + **The patient was screened using the National Clinical Reminder and did not use tobacco at all** * **There is documentation within the past year and <10/1/2018 the patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years** * **The patient was not screened for tobacco use within the past year and <10/1/2018 or**   **The patient was screened for tobacco use within the past year and <10/1/2018 and was not a current tobacco user at the most recent screening** | | **Cases included in the denominator will pass if:**   * **>=10/1/2018 and prior to study end, the patient was screened by an acceptable provider using the National Clinical Reminder and used tobacco every day or some days and**   + **The provider provided information about behavioral counseling or treatment options other than medication to assist patient with quitting smoking or using tobacco using the National Clinical Reminder for Tobacco Use**   **OR**   * **The patient was screened for tobacco use within the past year and <10/1/2018 and is a current tobacco user and**   + **<10/1/2018 and during the past year 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 * The patient was screened for tobacco use >=10/1/2018 by an acceptable provider using the National Clinical Reminder for Tobacco Use * The patient refused screening for tobacco use >=10/1/2018 by an acceptable provider using the National Clinical Reminder for Tobacco Use | | Cases included in the denominator will pass if:   * There is no documentation in the past year and <10/1/2018 that the patient is a lifetime non-user and   + the patient was not screened for tobacco use in the past year and <10/1/2018 or   + the patient was screened for tobacco use <10/1/2018 and is a tobacco user |
| smg2mn | Used tobacco in past 12 months Nexus -MH  (lower is better) | 51 | Includes all cases except:   * The patient is terminally ill * The patient was screened for tobacco use >=10/1/2018 by an acceptable provider using the National Clinical Reminder for Tobacco Use * The patient refused screening for tobacco use >=10/1/2018 by an acceptable provider using the National Clinical Reminder for Tobacco Use | Cases included in the denominator will pass if:   * There is no documentation in the past year and <10/1/2018 that the patient is a lifetime non-user and   + the patient was not screened for tobacco use in the past year and <10/1/2018 or   + the patient was screened for tobacco use <10/1/2018 and is a tobacco user | |

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| **Indicator** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| smg19mn | Tobacco Use-Current MH  Lower is better | 51 | Includes all cases except:   * The patient is terminally ill * The patient declined to answer National Clinical Reminder for Tobacco Use questions * The patient was not screened for tobacco use using the National Clinical Reminder for Tobacco Use | Cases included in the denominator will pass if:   * The patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use during the timeframe from 10/1/2018 to the study end date AND   + Smokes cigarettes or uses tobacco every day or   + Smokes cigarettes or uses tobacco some days |
| smg19n | Tobacco Use-Current-non MH  Lower is better | 50 | Includes all cases except:   * The patient is terminally ill * The patient declined to answer National Clinical Reminder for Tobacco Use questions * The patient was not screened for tobacco use using the National Clinical Reminder for Tobacco Use | Cases included in the denominator will pass if:   * The patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use during the timeframe from 10/1/2018 to the study end date AND   + Smokes cigarettes or uses tobacco every day or   + Smokes cigarettes or uses tobacco some days |
| p7 | Screened for tobacco use Nexus clinics | 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 | Cases included in the denominator will pass if:   * On or after 10/1/2018 and prior to the study end date, the patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use   OR if no screening with the National Clinical Reminder There is documentation in the past year and <10/1/2018 the patient is a lifetime non-user of tobacco, or has not used tobacco within the past 7 years OR  * During the past year and prior to 10/1/2018**,** the patient was screened for tobacco use and did or did not use tobacco in the past year |

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| **Indicator** | **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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| **Indicator** | **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 * Patient Allergies |
| 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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| **Indicator** | **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 |
| mrec62 | Essential medication list for review includes patient allergies | 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 patient allergies |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| 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:   * Males or gender unknown * Age<45 or >74 * Patients age >=66 who were living long term in a VHA or community-based institutional setting * The patient is age >=66 and   + the case is flagged for frailty OR during the past year there is documentation of a condition/diagnosis consistent with frailty AND   + The case is flagged for advanced illness OR there is documentation that the patient has an active condition/diagnosis considered an advanced illness **OR the patient has an active prescription for a dementia medication** * The patient is terminally ill * 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:   * The medical record contains a report of a mammogram (screening, digital or tomosynthesis (3D mammogram))   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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| **Indicator** | **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:   * The patient is terminally ill * 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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| **Indicator** | **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:   * The patient is terminally ill * 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 not screened or refused to be screened using the PHQ-2+I9 and 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:   * The patient is terminally ill * 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 not screened or refused to be screened using the PTSD5+I9 and 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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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| sui2 | Timely secondary suicide risk screening | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * The patient is terminally ill * 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 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 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   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 * \*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 |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra1 | Timely VA comprehensive suicide risk evaluation (CSRE) | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * The patient is terminally ill * 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 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 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 CRSE 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   OR   * If the patient refused to complete the CSRE and there is documentation the validity of the CSRE was or was not in question and   + 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 CSRE is completed on the same date, two credits will be given in the numerator |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra2 | Evidence of clinical impression of acute risk on VA CSRE | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * The patient is terminally ill * 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 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 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 CRSE was documented in the record by an acceptable provider and   + The clinical impression of acute risk was documented as high, intermediate or low risk   OR   * If the patient refused to complete the CSRE and there is documentation the validity of the CSRE was or was not in question and   + The clinical impression of acute risk was documented as high, intermediate or low risk and   Note: If positive screens for depression and PTSD are documented on the same date, and one VA CSRE is completed on the same date, two credits will be given in the numerator |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra3 | Evidence of clinical impression of chronic risk on VA CSRE | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * The patient is terminally ill * 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 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 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 CRSE was documented in the record by an acceptable provider and   + The clinical impression of chronic risk was documented as high, intermediate or low risk   OR   * If the patient refused to complete the CSRE and there is documentation the validity of the CSRE was or was not in question 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 CSRE is completed on the same date, two credits will be given in the numerator |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| csra4 | Evidence of risk mitigation on VA CSRE | 50, 16, 48, 51, 60, 54 with FE flag | Includes all cases except:   * The patient is terminally ill * 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 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 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 CRSE 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   OR   * If the patient refused to complete the CSRE and there is documentation the validity of the CSRE was or was not in question 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 CSRE is completed on the same date, two credits will be given in the numerator |

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

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| **Indicator** | **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 |

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| **Indicator** | **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:   * The 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 |

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| **Indicator** | **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:   * The patient is terminally ill * The study begin date is < 04/01/2019 * 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:   * The patient is terminally ill * The patient’s age as of 01/01/2018 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 immune-compromising 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 immune-compromising 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** | | |  |  |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| smg8s | Tobacco Use Cessation-Advised to Quit | 36 or 61 | Includes all cases except:   * The patient is terminally ill * The patient declined to answer National Clinical Reminder for Tobacco Screening questions >=10/1/2018 and prior to the end of the study interval or   + The patient was screened using the National Clinical Reminder and did not use tobacco at all * There is documentation within the past year and <10/1/2018 the patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years * The patient was not screened for tobacco use within the past year and <10/1/2018 or   + The patient was screened for tobacco use within the past year and <10/1/2018 and was not a current tobacco user at the most recent screening | Cases included in the denominator will pass if:   * >=10/1/2018 and prior to study end, the patient was screened by an acceptable provider using the National Clinical Reminder and used tobacco every day or some days and   + The patient was advised to quit smoking or stop using tobacco using the National Clinical reminder   OR   * The patient was screened for tobacco use within the past year and <10/1/2018 and is a current tobacco user and was provided with direct brief counseling on how to quit tobacco |
| smg10s | Tobacco Use Cessation-Discussed Cessation Medications | 36 or 61 | Includes all cases except:   * The patient is terminally ill * The patient declined to answer National Clinical Reminder for Tobacco Screening questions >=10/1/2018 and prior to the end of the study interval or   + The patient was screened using the National Clinical Reminder and did not use tobacco at all * There is documentation within the past year and <10/1/2018 the patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years * The patient was not screened for tobacco use within the past year and <10/1/2018 or   + The patient was screened for tobacco use within the past year and <10/1/2018 and was not a current tobacco user at the most recent screening | Cases included in the denominator will pass if:   * >=10/1/2018 and prior to study end, the patient was screened by an acceptable provider using the National Clinical Reminder and used tobacco every day or some days and   + The patient was offered FDA approved medications by a provider to assist in tobacco use cessation using the National Clinical Reminder   OR   * The patient was screened for tobacco use within the past year and <10/1/2018 and is a current tobacco user and   + Within the past year and <10/1/2018, 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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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| smg9s | Tobacco Use Cessation-Discussed Cessation Strategies | 36 or 61 | Includes all cases except:   * The patient is terminally ill * The patient declined to answer National Clinical Reminder for Tobacco Screening questions >=10/1/2018 and prior to the end of the study interval or   + The patient was screened using the National Clinical Reminder and did not use tobacco at all * There is documentation within the past year and <10/1/2018 the patient is a life-time non-user of tobacco or has not used tobacco in the last 7 years * The patient was not screened for tobacco use within the past year and <10/1/2018 or   The patient was screened for tobacco use within the past year and <10/1/2018 and was not a current tobacco user at the most recent screening | Cases included in the denominator will pass if:   * >=10/1/2018 and prior to study end, the patient was screened by an acceptable provider using the National Clinical Reminder and used tobacco every day or some days and   + The provider provided information about behavioral counseling or treatment options other than medication to assist patient with quitting smoking or using tobacco using the National Clinical Reminder for Tobacco Use   OR   * The patient was screened for tobacco use within the past year and <10/1/2018 and is a current tobacco user and   + <10/1/2018 and during the past year the patient was offered referral for individual intervention or to a tobacco use cessation program |

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| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| smg2sn | Used tobacco in past 12 months Nexus | 36 or 61 | Includes all cases except:   * The patient is terminally ill * The patient was screened for tobacco use >=10/1/2018 by an acceptable provider using the National Clinical Reminder for Tobacco Use * The patient refused screening for tobacco use >=10/1/2018 by an acceptable provider using the National Clinical Reminder for Tobacco Use | Cases included in the denominator will pass if:   * The patient was not screened for tobacco use >=10/1/2018 using the National Clinical Reminder and * There is no documentation in the past year and <10/1/2018 that the patient is a lifetime non-user and   + the patient was not screened for tobacco use in the past year and <10/1/2018 or   + the patient was screened for tobacco use <10/1/2018 and is a tobacco user |
| smg19sn | Tobacco Use-Curent (SCI&D) | 36, 61 | Includes all cases except:   * The patient is terminally ill * The patient declined to answer National Clinical Reminder for Tobacco Use questions * The patient was not screened for tobacco use using the National Clinical Reminder for Tobacco Use | Cases included in the denominator will pass if:   * The patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use >= 10/1/2018 to the study end date AND   + Smoke cigarettes or use tobacco every day or   + Smoke cigarettes or use tobacco some days |
| p7s | Outpt Screened for tobacco use | 36 or 61 | Includes all cases except:   * The patient is terminally ill | Cases included in the denominator will pass if:   * The patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use >= 10/1/2018 to the study end date   OR if no screening with the National Clinical Reminder During the past year and prior to 10/1/2018, there is evidence in the record the patient is a lifetime non-user of tobacco, or has not used tobacco within the past 7 yearsOR  * During the past year and prior to 10/1/2018**,** the patient was screened for tobacco use and did or did not use tobacco in the past year |