|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | Denominator | **Numerator** |
| p33 | Breast Screen age 45-74 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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;** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | | **Denominator** | **Numerator** |
| **Female** | |  | |  |  |
| 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 |
| **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) |  |
| 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 any of the following during the past year**   + **a non-acute inpatient admission**   + **a kidney transplant**   + **female age <51 and was pregnant** * **The patient has a diagnosis of CKD stage 5 or ESRD or on dialysis in the past two years** * **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** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 an outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease within the past year ~~or in the year prior to the past year~~ * , 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:   * A **complete lipid profile** was performed in **the past 2 years** (730 days) and   + There is a diagnosis of PCI or CABG in the past 2 years, DM or past AMI   OR   * A **total cholesterol and either an HDL or LDL** was done within **the past 2 years** (730 days) and   + The patient had an outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease within the past year ~~or in the year prior to the past year~~   or   * + the patient has never used tobacco and has a diagnosis of HTN and is on antihypertensive medication or refused antihypertensive medications   or   * + 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 was not screened or refused screening for tobacco use using the National Clinical Reminder in the past year or     - the patient was screened for tobacco use in the past year 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   * A **total cholesterol and either an LDL or HDL** was done **within the past 5 years** (1825 days) and   + The patient is male age < 35 or female age < 45 and   + Has no ischemic vascular disease, no PCI or CABG in the past 2 years, no DM or past AMI and   + **Does have** a family history of coronary events occurring prior to age 45   or   * + The patient is male age >=35 OR is female age >= 45 and   + Has no ischemic vascular disease, no PCI or CABG in the past 2 years, no DM or past AMI and no family history of coronary events or sudden death as specified (famhx = 99) and   + Was screened for tobacco use in the past year using the National Clinical Reminder and does not use tobacco or smoke cigarettes at all or used tobacco in the past but quit 1 year ago or more and   + Does not have a diagnosis of HTN or does have a diagnosis of HTN but is not on antihypertensive meds |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **CHRONIC VASCULAR DISEASE** | | |  |  |
| 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 outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease within the past year or there is an IVD diagnosis in the past year but no diagnosis in the year prior to the past year * 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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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) |  |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 also be included in the numerator 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease within the past year and in the year prior to the past year   + 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| 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 |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **mdd40** | **Screened annually for depression** | **50, 16, 48, 51, 60, 54 with FE flag** | **Includes all cases except:**   * **Terminally ill patients** * **Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND**   + **The severity of dementia was assessed during the past year by one of the specified tools AND**   + **The score of the assessment indicated moderate to severe dementia**  There is clinician documentation in the past year 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 within the past year and**   + **The answers to questions 1 and 2 are documented**   + **The total score is documented and**   + **The outcome is documented** |
| **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 >=9/1/2018 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)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | 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 >=9/1/2018 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 same date as 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 same date 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IMMUNIZATIONS** | | |  |  |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **pvc12** | **Pneumococcal immunization age 66 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** * **The patient had a bone marrow transplant during the past year** * **The patient received chemotherapy during the past year** * **the patient’s age as of 01/01/2019 is <66** * **At any time in the patient’s history up to the study end date there is documentation of one of the following:**   + **Immunocompromising conditions**   + **Anatomic or functional asplenia**   + **Sickle cell disease and HB-S disease**   + **Cerebrospinal fluid leak(s)**   + **Cochlear implant(s)** | **Cases included in the denominator will pass if:**  * **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 at the time the immunization was given**   **\*\*If the patient received the PPSV23 < age 60 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine the case will be excluded OR**  **If the patient refused or did not receive the PPSV23 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case is excluded** |
| p24 | Pneumococcal immunization refused  (low score is better) | 50, (16, 48, 51, 60 and  othrcare not =1) 54 with FE flag and othrcare not=1 | Includes all cases except:   * The patient is terminally ill * The patient had a bone marrow transplant during the past year * The patient received chemotherapy during the past year * the patient’s age as of 01/01/2019 is <66 * At any time in the patient’s history up to the study end date there is documentation of one of the following:   + Immunocompromising conditions   + Anatomic or functional asplenia   + Sickle cell disease and HB-S disease   + Cerebrospinal fluid leak(s)   + Cochlear implant(s) | Cases included in the denominator will also be included in the numerator if:  * The patient refused the PPSV23 pneumococcal vaccination   **\*\***If the patient refused or did not receive the PPSV23 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case is excluded |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IMMUNIZATIONS** | | |  |  |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **p25h** | **Influenza immunization 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** * **The patient’s age as of 07/01/2019 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 period from 7/1/2019 to the pull list date or study end date, whichever is greater** * **If there is documentation of previous allergic reaction to any component of the influenza vaccine or a history of Guillain-Barre Syndrome, or a bone marrow transplant during the past year, the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season** |
| **p26h** | **Influenza immunization age 18 to 64** | **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’s age as of 07/01/2019 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 period from 7/1/2019 to the pull list date or study end date, whichever is greater** * **If there is documentation of previous allergic reaction to any component of the influenza vaccine or a history of Guillain-Barre Syndrome, or a bone marrow transplant during the past year, the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season** |
| p27 | Influenza immunization refused  (low score is better) | 50, (16, 48, 51, 60 and  othrcare not =1) 54 with FE flag and othrcare not=1 | Includes all cases except:   * The patient is terminally ill * The patient’s age as of 07/01/2019 is <18 * Patient’s whose only visit during immunization period preceded availability of the vaccine are excluded | Cases included in the denominator will also be included in the numerator if:  * influenza immunization was refused by the patient   \*\* If there is documentation of previous allergic reaction to any component of the influenza vaccine or a history of Guillain-Barre Syndrome, or a bone marrow transplant during the past year, the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** * **During the past year, the patient was not screened or declined to answer National Clinical Reminder for Tobacco Screening questions or**   + **The patient was screened using the National Clinical Reminder and did not use tobacco at all** | Cases included in the denominator will pass if:   * **During the past year, 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** |
| **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** * **During the past year, the patient was not screened or the patient declined to answer National Clinical Reminder for Tobacco Screening questions or**   + **The patient was screened using the National Clinical Reminder and did not use tobacco at all** | **Cases included in the denominator will pass if:**   * **During the past year, 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** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** * **During the past year, the patient was not screened or the patient declined to answer National Clinical Reminder for Tobacco Screening questions or**   + **The patient was screened using the National Clinical Reminder and did not use tobacco at all** | | **Cases included in the denominator will pass if:**   * **During the past year, 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** |
| smg19mn | Tobacco Use-Current MH  Low score 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 also be included in the numerator if:   * During the past year, the patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use   AND   * + Smokes cigarettes or uses tobacco every day or   + Smokes cigarettes or uses tobacco some days | |
| smg19n | Tobacco Use-Current-non MH  Low score 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 also be included in the numerator if:   * During the past year, the patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use   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:   * During the past year, the patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 * Waist circumference is at or below threshold or not documented and 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** | | | |  |  |
| **Indicator** | **Description** | **Catnum(s)** | | **Denominator** | **Numerator** |
| 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 |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| 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) |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CGPI PILOT INDICATORS** | | |  |  |
| **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     - None of the  **General Strategies for Managing Risk in any setting** were documented and at least one of the  **General Strategies for Managing Risk in the Outpatient setting** was documented or     - On the same day as the positive C-SSRS and/or Primary Suicide Risk screen the patient was admitted to inpatient or residential treatment for mental health care and at least one of the **General Strategies for Managing Risk in the inpatient or residential treatment setting**   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 or     - None of the  **General Strategies for Managing Risk in any setting** were documented and at least one of the  **General Strategies for Managing Risk in the Outpatient setting** was documented or     - On the same day as the positive C-SSRS and/or Primary Suicide Risk screen the patient was admitted to inpatient or residential treatment for mental health care and at least one of the **General Strategies for Managing Risk in the inpatient or residential treatment setting**   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 |
| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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       * None of the  **General Strategies for Managing Risk in any setting** were documented and at least one of the  **General Strategies for Managing Risk in the Outpatient setting** was documented or       * On the same day as the positive C-SSRS and/or Primary Suicide Risk screen the patient was admitted to inpatient or residential treatment for mental health care and at least one of the **General Strategies for Managing Risk in the inpatient or residential treatment setting**   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 or     - None of the  **General Strategies for Managing Risk in any setting** were documented and at least one of the  **General Strategies for Managing Risk in the Outpatient setting** was documented or     - On the same day as the positive C-SSRS and/or Primary Suicide Risk screen the patient was admitted to inpatient or residential treatment for mental health care and at least one of the **General Strategies for Managing Risk in the inpatient or residential treatment setting**   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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **ACOVE (age 75 years and older)** | | |  |  |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 also be included in the numerator 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | | **Denominator** | **Numerator** |
| **SCI&D-IMMUNIZATIONS** | | | |  |  |
| pvc12s | Pneumococcal immunization | | 36 and othrcare not =1, 61 | Includes all cases except:   * The patient is terminally ill * The patient had a bone marrow transplant during the past year * The patient received chemotherapy during the past year * the patient’s age as of 01/01/2019 is <66 * At any time in the patient’s history up to the study end date there is documentation of one of the following:   + Immunocompromising conditions   + Anatomic or functional asplenia   + Sickle cell disease and HB-S disease   + Cerebrospinal fluid leak(s)   + Cochlear implant(s) | Cases included in the denominator will pass if:  * 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 at the time the immunization was given   \*\*If the patient received the PPSV23 < age 60 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine the case is excluded OR  If the patient refused or did not receive the PPSV23 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case is excluded |
| p19s | Influenza immunization | | 36 and othrcare not =1 or 61 | Includes all cases except:   * The patient is terminally ill * 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 period from 7/1/2019 to the pull list date or study end date, whichever is greater** * **If there is documentation of previous allergic reaction to any component of the influenza vaccine or a history of Guillain-Barre Syndrome, or a bone marrow transplant during the past year, the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| **SCI&D-TOBACCO** | | |  |  |
| smg8s | Tobacco Use Cessation-Advised to Quit | 36 or 61 | Includes all cases except:   * The patient is terminally ill * During the past year, the patient was not screened orthe patient declined to answer National Clinical Reminder for Tobacco Screening questions or   + The patient was screened using the National Clinical Reminder and did not use tobacco at all | Cases included in the denominator will pass if:   * During the past year, 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 |
| smg10s | Tobacco Use Cessation-Discussed Cessation Medications | 36 or 61 | Includes all cases except:   * The patient is terminally ill * During the past year, the patient was not screened or, the patient declined to answer National Clinical Reminder for Tobacco Screening questions or   + The patient was screened using the National Clinical Reminder and did not use tobacco at all | Cases included in the denominator will pass if:   * During the past year, 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 |
| smg9s | Tobacco Use Cessation-Discussed Cessation Strategies | 36 or 61 | Includes all cases except:   * The patient is terminally ill * During the past year, the patient was not screened orthe patient declined to answer National Clinical Reminder for Tobacco Screening questions or   + The patient was screened using the National Clinical Reminder and did not use tobacco at all | Cases included in the denominator will pass if:   * During the past year, 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Catnum(s)** | **Denominator** | **Numerator** |
| smg19sn | Tobacco Use-Curent (SCI&D)  (Low score is better) | 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 also be included in the numerator if:   * During the past year, the patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use 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:   * During the past year, the patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use |