

**Consensus Core Set: ACO and PCMH / Primary Care Measures
Version 1.0**

ACO and PCMH / Primary Care measures					
NQF #	Measure	Measure Steward	PCMH	ACO	Consensus Agreement / Notes
<i>Cardiovascular Care</i>					
0018	<p>Controlling High Blood Pressure</p> <p>Description: The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set if data needed for either measure is available through EHR or provider self-report with audit.</p> <p><i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversyⁱ regarding the 2014 JAMA paperⁱⁱ sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease (CKD).</p> <p>Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base.</p> <p><i>Note:</i> #0018 is specified for physician-level use.</p>
N/A	<p>Controlling High Blood Pressure (HEDIS 2016)</p> <p>Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set if data needed for either measure is available through EHR or provider self-report with audit.</p> <p><i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversyⁱⁱⁱ regarding the 2014 JAMA paper^{iv} sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or</p>

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	<p>on the following criteria:</p> <ul style="list-style-type: none"> • 18-59 = <140/90 mm Hg • 60-85 w/ diabetes = <140/90 mm Hg • 60-85 w/o diabetes = <150/90 mm Hg 				<p>chronic kidney disease (CKD).</p> <p>Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base.</p> <p><i>Note:</i> Please refer to 2016 HEDIS specifications which align with the recommendations in the 2014 JAMA paper^v.</p> <p><i>Note:</i> "N/A - Controlling High Blood Pressure" HEDIS measure is specified for the health plan or integrated delivery network level use.</p>
0071	<p>Persistent Beta Blocker Treatment After a Heart Attack</p> <p>Description: The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set.

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0068	<p>Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic</p> <p>Description: The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had the following during the measurement year.</p>	NCQA		<input checked="" type="checkbox"/>	<p>Consensus to include in core set for ACOs only.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Measure is to be applied only at the group level. Programs utilizing this measure are not looking for 100% performance due to concerns with patients at risk for bleeding. • Used in Million Hearts Campaign.
Diabetes					
0059	<p>Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)</p> <p>Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.</p>

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0055	Comprehensive Diabetes Care: Eye Exam Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set. Reportable via administrative data.
0057	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set. Reportable via administrative data.
0056	Comprehensive Diabetes Care: Foot Exam Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.
0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy Measure Description: The	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.

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	percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.				
Care Coordination / Patient Safety					
0097	<p>Medication Reconciliation (Clinician measure)</p> <p>Description; Percentage of patients aged 18 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. This measure is reported as two rates stratified by age group: 18-64 and 65+.</p>	NCQA		<input checked="" type="checkbox"/>	Consensus to include in core set for ACOs only if data needed for this measure is available through EHR or provider self-report with audit.
Prevention and Wellness					
0032	<p>Cervical Cancer Screening</p> <p>Description: Percentage of women</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set.

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	<p>21–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women age 21–64 who had cervical cytology performed every 3 years. • Women age 30–64 who had cervical cytology/ HPV co-testing every 5 years. 				
N/A	<p>Non-recommended Cervical Cancer Screening in Adolescent Females</p> <p>Description: The percentage of women under the age of 21 who were screened unnecessarily for cervical cancer.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include in core set.</p> <p><i>Note:</i> Please refer to NCQA HEDIS measure specifications.</p>
2372	<p>Breast Cancer Screening</p> <p>Description: The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include in core set.</p> <p><i>Note:</i> Measure specifications align with the recently updated USPSTF guidelines. The numerator reads: "One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year."</p>
0034	<p>Colorectal Cancer Screening</p> <p>Description: The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include in core set.</p>

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0028	<p>Preventive Care Screening: Tobacco Use: Screening and Cessation</p> <p>Description: % of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user.</p>	AMA-PCPI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit.
0421	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p> <p>Description: % of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter.</p> <p>Normal Parameters: Age 65 years and older BMI > or = 23 and < 30 Age 18 – 64 years BMI > or = 18.5 and < 25.</p>	CMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit.

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Utilization & Cost / Overuse					
0052	<p>Use of Imaging Studies for Low Back Pain</p> <p>Description: The percentage of members with a primary diagnosis of low back pain that did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include in core set.</p> <p><i>Note:</i> Additional / replacement measures will be considered in future iterations of the core set once available.</p>
Patient Experience					
0005	<p>CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists)</p> <p>Description: The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months. The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both</p>	AHRQ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include in core set.</p> <p><i>Notes:</i> Ongoing Discussion with CMS about an all-payer survey similar to H-CAHPS to address issues related to implementation cost to a practice.</p> <p>CAHPS measure included in the Medicare Shared Savings Program includes the following:</p> <ul style="list-style-type: none"> • Getting Timely Care, Appointments, and Information • How Well Your Doctors Communicate • Patients' Rating of Doctor • Access to Specialists • Health Promotion and Education • Shared Decision Making • Health Status/Functional Status • Stewardship of Patient Resources

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	primary care and specialty care settings. The adult survey is administered to patients aged 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12-months are eligible to be surveyed. The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item. The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item.				
Behavioral Health					
0710	Depression Remission at 12 Months Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9	MN Comm. Meas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit. <i>Note:</i> Consensus to include along with #1885.

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	score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.				
1885	<p>Depression Response at Twelve Months- Progress Towards Remission</p> <p>Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to patients with newly diagnosed and existing depression identified during measurement period whose PHQ-9 indicates a need for treatment.</p>	MN Comm. Meas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Consensus to include in core set data if data needed for this measure is available through EHR or provider self-report with audit.</p> <p><i>Note:</i> Consensus to include along with #0710.</p>
Pulmonary					
1799	<p>Medication Management for People with Asthma</p> <p>Description: The % of patients 5-64 years during the measurement year who were identified as having</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set.

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	<p>persistent asthma & were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The % of patients who remained on a controller medication for at least 50% of their treatment period. 2. The % of patients who remained on a controller medication for at least 75% of their treatment period. 				
0058	<p>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</p> <p>Description: The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</p>	NCQA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consensus to include in core set.

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Future Areas for ACO and PCMH / Primary Care Measure Development
Measure based on statin use guidelines
CG CAHPS Smoking cessation measure (to replace the chart-review measure)
PCMH has supplement to CG CAHPS. All the CAHPS surveys are under review
Goals of care and patient education
Unnecessary services and waste / Overuse
Health related quality of life
Shared-decision making
Preventive diabetes measures. Monitor USPSTF pre-diabetes final report
Measure stratification to address health disparities (e.g. lower age of colorectal screening for African Americans)
Palliative care measures for ACO/PMCH
Patient reported outcomes (PROs)
Pain Management measures
PROs for Asthma Exacerbations
Antibiotic stewardship
Total cost of care (#1604) once a reliable and valid measure is mature enough for implementation
Contraceptive measures once measures are tested and are reliable at the provider level
Composite measures
Substance use disorders and screening measures
P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV.
PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

*Wright JT Jr, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years or older: the minority view. *Ann Intern Med.* 2014 Apr 1;160(7):499-503.

**James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA* 2014; 311: 507–20.

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