

**Division for Heart Disease and Stroke Prevention**  
**Million Hearts® Clinical Quality Measures Dashboard**

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## **INTRODUCTION**

Million Hearts® web-based Clinical Quality Measures (CQM) Dashboard is designed to monitor heart attack and stroke prevention efforts from quality measures reporting initiatives to provide a comprehensive geographical view of progress on the ABCS – **A**spirin for people at risk, **B**lood pressure control, **C**holesterol management, and **S**moking cessation. The CQM Dashboard was developed by the Centers for Disease Control and Prevention (CDC) in the Division for Heart Disease and Stroke Prevention.

## **USING THIS SITE**

The CQM dashboard will display multiple data systems that highlight public and private partnerships serving different patient populations. Currently, the dashboard contains data from:

- US Department of Health and Human Services (HHS). Health Resources and Services Administration (HRSA). Bureau of Primary Health Care (BPHC)
- The National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS) – Commercial HMO and PPO, Medicaid PPO
- The Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS – Registry-based Reporting)
- The Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS – Group Reporting Option)
- The Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS – Accountable Care Organizations)

See data descriptions section for more information.

### **Viewing the Data**

The dashboard displays data in three tabs:

- 1. Clinical Quality Measures**
  - Monitor national efforts to reach Million Hearts® clinical targets (70% performance)
  - Compare different geographic areas including state, regional, and national averages
- 2. Data System Demographics**
  - View demographic characteristics of reported populations by selected state and compare to U.S. Census data.
- 3. Performance Metrics**
  - Show relationship between performance measure rates and prevalence by state
  - View state comparisons and national averages across clinical quality measures and track over time

### **Clinical Quality Measures Tab**

#### **Map: View clinical quality measures performance by location and clinical data system**

1. Click a desired **Data System** (1) from dropdown to view data
2. Select a **Year** (2) from dropdown
3. Select a location from the **Selected State** (3) dropdown
4. Select the **Clinical Quality Measure** (4) dropdown to change measure on map

Data System:  Year:  State:

Million Hearts® Clinical Quality Measure Performance Rate Clinical Target by State, as Reported by HRSA Health Care Sites



The map indicates the progress of clinical quality measure performance rate to Million Hearts® clinical target (70%) by state in each of the data systems. Choose a clinical quality measure in the dropdown to view performance.

Clinical Quality Measure

Available Data Systems

HRSA UDS - Health Resources and Services Administration Uniform Data System

NCQA HEDIS - National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set

**Table: Compare Million Hearts® clinical quality measures by selected state, corresponding HHS region, and national values:**

After selecting the data system and state, the dashboard displays the data for the selected location.

**Million Hearts® Clinical Quality Measures for Selected State, Corresponding HHS Region, and National Values, as Reported by HRSA Health Care Sites**

| ABCs Million Hearts® Clinical Quality Measures | Alabama |        | HHS Region 4 - Atlanta |        | National |        |
|--|---------|--------|------------------------|--------|----------|--------|
|  | %       | target | %                      | target | %        | target |
| <b>A. Aspirin Use</b>                          | 74%     | ●      | 73%                    | ●      | 75%      | ●      |
| <b>B. Blood Pressure Control</b>               | 57%     | ●      | 61%                    | ●      | 64%      | ●      |
| Blood Pressure Screening                       | n/a     | ●      | n/a                    | ●      | n/a      | ●      |
| <b>C. Cholesterol Management - Population</b>  | n/a     | ●      | n/a                    | ●      | n/a      | ●      |
| Cholesterol Management - Diabetes              | n/a     | ●      | n/a                    | ●      | n/a      | ●      |
| Cholesterol Management - IVD                   | n/a     | ●      | n/a                    | ●      | n/a      | ●      |
| <b>S. Smoking Assessment and Treatment</b>     | 56%     | ●      | 66%                    | ●      | 63%      | ●      |

Compare Million Hearts® clinical quality measures by state, HHS regions, and national

ABCs

Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking Assessment and Treatment

Clinical Quality Measure Performance (%)

Progress toward Million Hearts® Clinical Target (target)  
 No available data (n/a)

Performance Targets

Million Hearts® Clinical Target = 70%

Red = 0%-49%

Yellow = 50%-69%

Green = 70%+

Grey = no data available

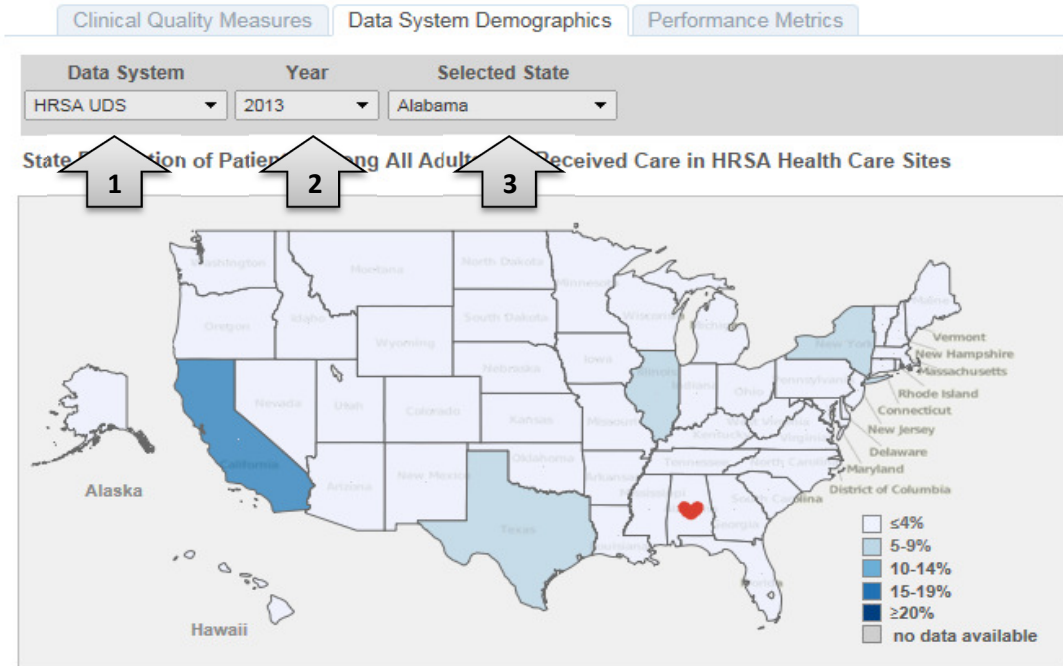
Black = insufficient data (cell size < 20)

Source: HRSA UDS: U. S. Department of Health and Human Services, Health Resources and Services Administration. Uniform Data System.

## Data System Demographics Tab

### Viewing Data System Demographics by State

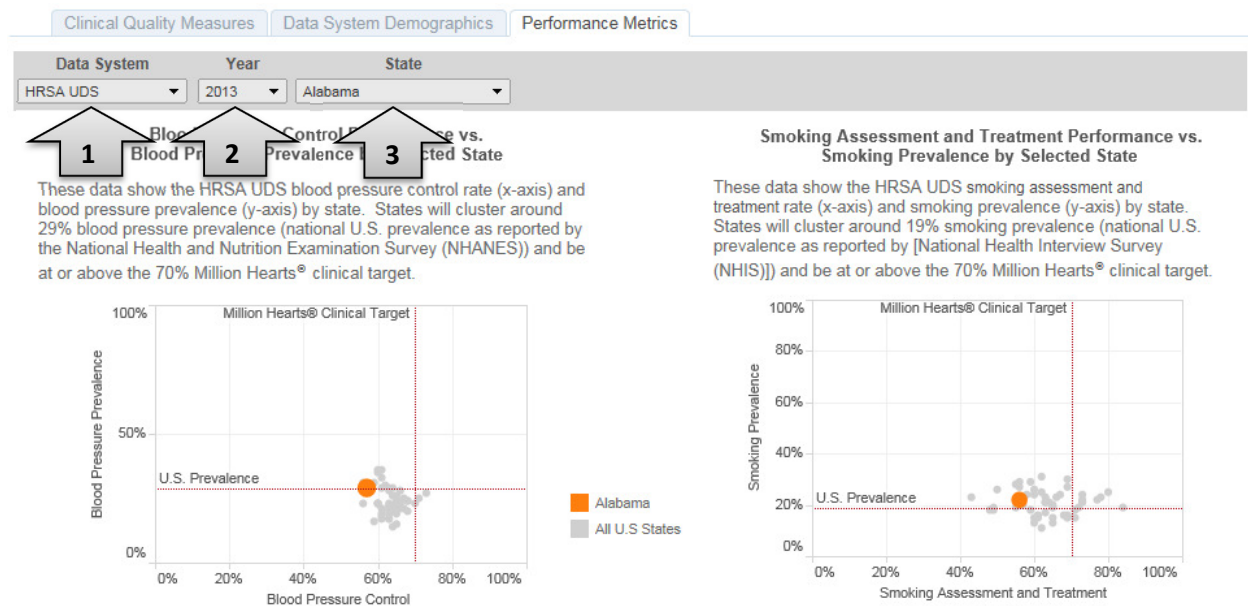
1. Click a desired **Data System** (1) from dropdown to view data
  2. Select a **Year** (2) from dropdown
  3. Select a location from the **Selected State** (3) dropdown
- Heart indicates the location selected from the State dropdown



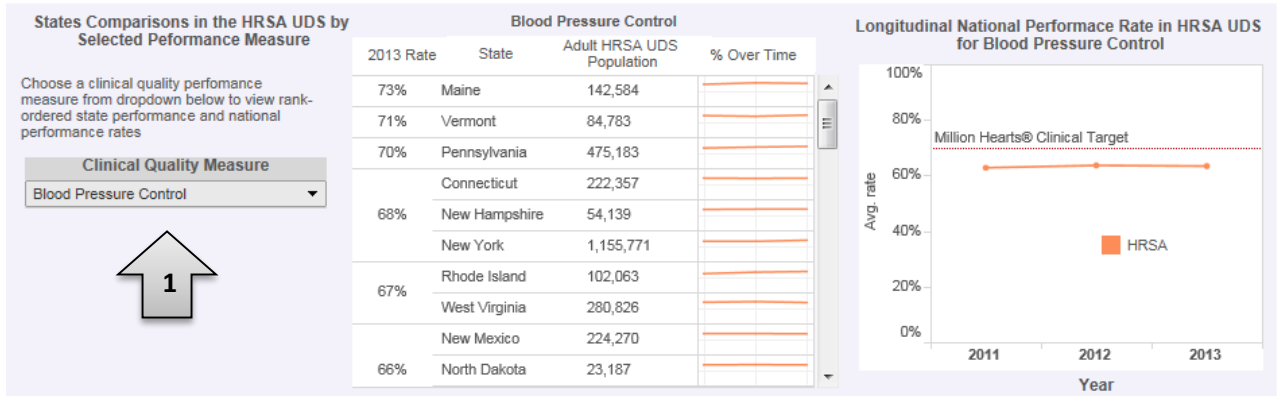
## Performance Metrics Tab

### Viewing State and National Performance by Measure

1. Click a desired **Data System** (1) from dropdown to view data
2. Select a **Year** (2) from dropdown
3. Select a location from the **Selected State** (3) dropdown

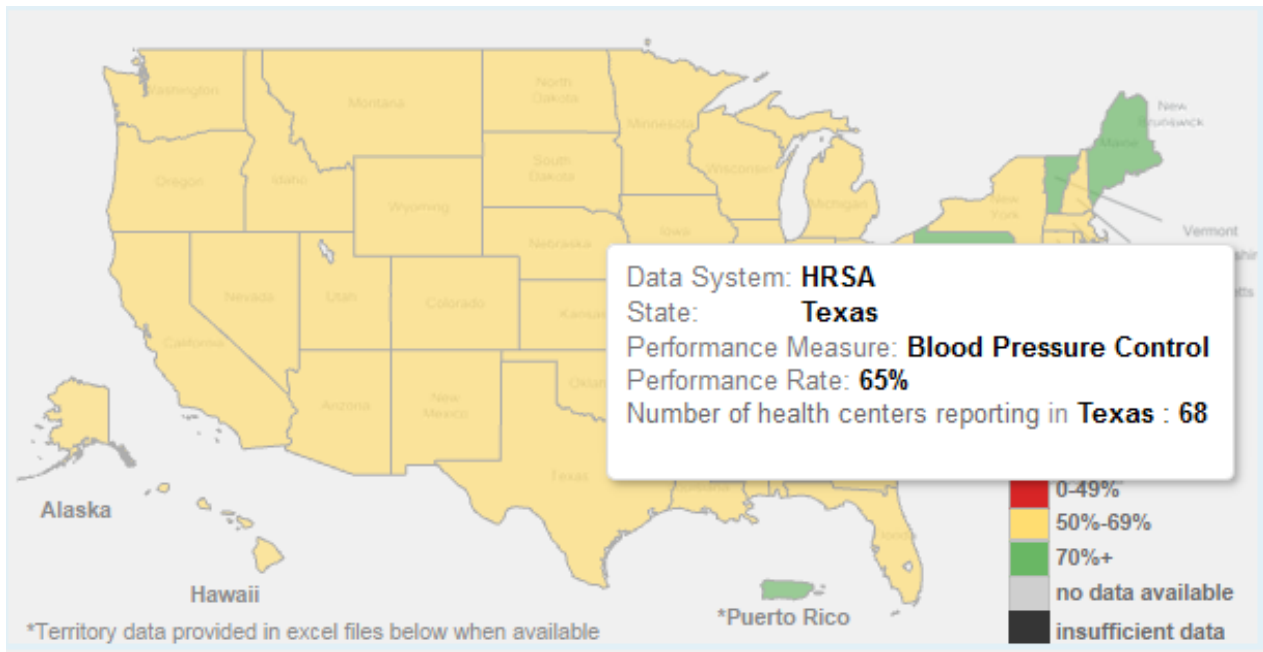


1. Select the clinical quality performance measure (1) from dropdown to change the performance measure on the state comparisons table and longitudinal national performance chart



### Hover Overs

Hover over the States to view additional information including the number of reporting groups.



## Million Hearts® ABCS Clinical Quality Measures

| Million Hearts® Clinical Quality Measures | Domain  | Measures   |
|---|---|--|
| <b>A</b>                                  | Aspirin Use                                     | <b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</b> Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic  |
| <b>B</b>                                  | Blood Pressure Screening                        | <b>Preventive Care and Screening: High Blood Pressure</b> Percentage of patients aged 18 years and older who are screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure readings as indicated   |
|   | Blood Pressure Control                          | <b>Hypertension (HTN): Controlling High Blood Pressure</b> Percentage of patients aged 18 through 85 years who had a diagnosis of HTN and whose blood pressure was adequately controlled (<140/90) during the measurement year   |
| <b>C</b>                                  | Cholesterol Screening and Control               | <b>Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL</b> Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed AND whose risk-stratified fasting LDL is at or below the recommended LDL goal |
|   | Cholesterol Control – Diabetes                  | <b>Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)   |
|   | Cholesterol Control – Ischemic Vascular Disease | <b>Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and who had most recent LDL-C level in control (less than 100 mg/dL)                             |
| <b>S</b>                                  | Smoking Assessment and Treatment                | <b>Preventive Care and Screening: Tobacco Use</b> Percentage of patients aged 18 years and older who were screened about tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user   |

## **GLOSSARY OF TERMS**

### **ABCS**

An acronym used to represent the clinical quality measure domains of Million Hearts®; Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation. – see Million Hearts® ABCS Clinical Quality Measures for more details

### **Blood Pressure**

The force of blood on the inside walls of blood vessels, measured by analyzing both the systolic blood pressure, the pressure when the heart pushes blood out into the arteries, and the diastolic blood pressure, when the heart is at rest

### **Cholesterol**

The most abundant steroid in animal tissues, especially in bile and gallstones, and present in food, especially food rich in animal fats; circulates in the plasma complexed to proteins of various densities and plays an important role in the pathogenesis of atheroma formation in arteries.

### **Center for Medicare & Medicaid Services (CMS)**

The federal agency that administers the Medicare program. In addition, CMS works with the States to administer the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care

### **Clinical Quality Measure (CQM)**

Metrics that help measure and track the quality of health care services provided by eligible professionals within our health care system

### **Diabetes**

Disease in which blood glucose levels are above normal

### **Electronic Health Record (EHR)**

An Electronic Health Record is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.

### **Eligible Professionals (EPs)**

Provide services which get paid under or based on the Medicare Physician Fee Schedule (PFS)

### **Physician Fee Schedule (PFS)**

A fee schedule is a complete listing of fee maximums used by Medicare to pay physicians, other enrolled health care professionals, or providers/suppliers on a Fee-For-Service (FFS) basis

### **Fee-for-service (FFS)**

A payment model where services are unbundled and paid for separately

### **Healthcare Effectiveness Data and Information Set (HEDIS)**

A tool used by health plans to measure performance on important dimensions of care and service

### **Department of Health and Human Services (HHS)**

The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is headed by the Secretary who is the chief managing officer for our family of agencies, including 11 operating divisions, 10 regional offices, as well as the Office of the Secretary

### **Hypertension**

Also referred to as high blood pressure; transitory or sustained elevation of systemic arterial blood pressure to a level likely to induce cardiovascular damage or other adverse consequences

**Ischemic Vascular Disease (IVD)**

Disease caused by a lack of blood to the heart due to a narrowing or obstruction of the arteries that could result in a heart attack

**Low-density lipoprotein**

Low-density lipoprotein (LDL) transports cholesterol from the liver to the tissues of the body. LDL cholesterol is therefore considered the "bad" cholesterol

**National Committee for Quality Assurance (NCQA)**

An independent 501(c)(3) non-profit organization in the United States that works to improve health care quality through the administration of utilizes evidence-based standards, measures, programs, and accreditation; administers the HEDIS program

**National Quality Forum (NQF)**

A not-for-profit membership organization designed to develop and implement a national strategy for health care quality measurement and reporting

**National Quality Strategy (NQS)**

Established as part of the Affordable Care Act, serves as a catalyst for a nationwide focus on quality improvement efforts and approach to measuring quality

**Prevalence**

A measure of disease occurrence: the total number of individuals who have a disease at a particular time (may be a particular period) divided by the population at risk of having the disease

**Physician Quality Reporting System (PQRS)**

A CMS reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs)

## LOCATION INFORMATION

The locations in the dashboard are classified under national, HHS regions, and states.

### National

In this Web site, national data addresses populations representing the United States.

### HHS Regions

HHS Regions are classified as shown in the table below.

|                                 |   |                                   |  |
|---------------------------------|---|-----------------------------------|--|
| <b>Region- 1</b><br>Boston      | Connecticut<br>Maine<br>Massachusetts<br>New Hampshire<br>Rhode Island<br>Vermont                         | <b>Region- 6</b><br>Dallas        | Arkansas<br>Louisiana<br>New Mexico<br>Oklahoma<br>Texas   |
| <b>Region- 2</b><br>New York    | New Jersey<br>New York<br>Puerto Rico<br>Virgin Islands   | <b>Region- 7</b><br>Kansas City   | Iowa<br>Kansas<br>Missouri<br>Nebraska   |
| <b>Region-3</b><br>Philadelphia | Delaware<br>District of Columbia<br>Maryland<br>Pennsylvania<br>Virginia<br>West Virginia                 | <b>Region- 8</b><br>Denver        | Colorado<br>Montana<br>North Dakota<br>South Dakota<br>Utah<br>Wyoming   |
| <b>Region- 4</b><br>Atlanta     | Alabama<br>Florida<br>Georgia<br>Kentucky<br>Mississippi<br>North Carolina<br>South Carolina<br>Tennessee | <b>Region- 9</b><br>San Francisco | Arizona<br>California<br>Hawaii<br>Nevada<br>American Samoa<br>Commonwealth of the Northern<br>Mariana Islands<br>Federated States of Micronesia Guam<br>Marshall Islands<br>Republic of Palau |
| <b>Region- 5</b><br>Chicago     | Illinois<br>Indiana<br>Michigan<br>Minnesota<br>Ohio<br>Wisconsin   | <b>Region- 10</b><br>Seattle      | Alaska<br>Idaho<br>Oregon<br>Washington  |

### States

State data includes data representing populations from each of the fifty states in the United States, plus Washington, D.C.



## DATA LIMITATIONS

Users should be cautious when interpreting and comparing data, particularly across data sources.

### Weighting Population Estimates

Because the dashboard is focused on performance, summary variables are not weighted for the size of eligible populations.

### Variation in Estimates

Estimates posted on this Web site may differ from those posted on other CDC and external sites. Differences between estimates can occur because sample exclusion criteria may differ and analytic methodologies may vary. In addition, different data sources will yield different results for the same indicator due to survey and measurement methodology. For example, hypertension in one survey may be assessed by direct measurement of blood pressure, and in another survey the participant may be asked if they had ever been told by a clinician that they had high blood pressure. These survey instruments would yield very different estimates of hypertension prevalence in the population.

### Data suppression criteria

When data for counties is displayed, small populations are not shown when cell size is  $\leq 20$ .

## DATA SOURCES

**Data source: U.S. Department of Health and Human Services (HHS). Health Resources and Services Administration (HRSA). Bureau of Primary Health Care (BPHC)** 

### About HRSA UDS

The Uniform Data System (UDS) is a core system of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues, appropriate for reviewing the operation and performance of health centers. The UDS is a reporting requirement for all Health Resources and Services Administration (HRSA) grantees under Section 330 of the Public Health Service Act, including community health centers, migrant health centers, health care for the homeless grantees, and public housing primary care grantees. UDS data are reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments.

### HRSA Reporting Methods

Health centers have the option of reporting on their entire patient population as a universe or to select a scientifically drawn random sample of patient charts to review. To report on the universe, the data source such as an Electronic Health Record must include all medical patients from all service delivery sites in the defined universe. If the health center cannot report on the universe, a random sample is used. Note that the health center can report on the universe for some measures while using a sample to report others. It is not necessary that all measures be reported using the same method.

For more detailed information on the 2014 Uniform Data System including sampling methodologies please see the 2014 HRSA UDS specifications (**Appendix C**).

## 2014 HRSA Measure Specifications\*

### A. Aspirin Use

Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary

angioplasty (PTCA) **OR** who had a diagnosis of ischemic vascular disease during 2013 who had documentation of use of aspirin or another antithrombotic.” This is calculated as follows:

**Numerator:** Number of patients in the denominator who had documentation of aspirin or another anti-thrombotic medication being prescribed, dispensed or used.

**Denominator:** Number of patients who were aged 18 and older at some point during the measurement year, who had at least one medical visit during the reporting year, who had an active diagnosis of ischemic vascular disease (IVD) during the current or prior year **OR** had been discharged after AMI or CABG or PTCA–

**OR** a statistically valid sample of these patients.

## **B. Blood Pressure Control**

Proportion of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading.” This is calculated as follows:

**Numerator:** Number of patients in the denominator whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg.

**Denominator:** All patients 18 to 85 years of age as of December 31 of the measurement year:

- with a diagnosis of hypertension (HTN) **AND**,
- who were first diagnosed by the health center as hypertensive at some point before June 30 of the measurement year **AND**,
- who have been seen for medical visits at least twice during the reporting year
- **OR** a statistically valid sample of these patients.

## **B. Blood Pressure Screening**

N/A

## **C. Cholesterol Screening and Control**

N/A\*\*

## **C. Cholesterol Control - Diabetes**

N/A\*\*

## **C. Cholesterol Control – Ischemic Vascular Disease (IVD)**

N/A\*\*

## **S. Smoking Assessment and Treatment\*\*\***

Percentage of patients aged 18 and older who were screened for tobacco use at least once during the measurement year or prior year **AND** who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.” This is calculated as follows:

**Numerator:** Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit **OR** within 24 months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user .

**Denominator:** Number of patients who were 18 years of age or older during the measurement year, seen after 18th birthday, with at least one medical visit during the reporting year, and with at least two medical visits ever, **OR** a sample of these patients.

## **HRSA Data Limitations**

### **Data Collection and Population**

Users should be cautious when interpreting and comparing data, particularly across data sources. Beginning with the report on 2012 activities, health centers have provided data on all diagnoses regardless of their order in the list of diagnoses reported for a specific visit. In prior years, data were

provided for only the primary diagnosis. In addition, health centers can report on the universe for some measures while using a sample to report others.

\* For information on 2014 HRSA UDS specifications, please see the [2014 Uniform Data System Manual](#). For information on 2013 HRSA UDS specifications, please see the [2013 Uniform Data System Manual](#).

\*\* HRSA uses the following cholesterol-focused measure in the UDS: Drug Therapy for Lowering LDL Cholesterol: Percentage of patients 18 years and older with a diagnosis of coronary artery disease (CAD) prescribed a lipid-lowering therapy.

\*\*\* HRSA changed the Smoking Assessment and Treatment denominator in 2014 to include all qualifying patients and not just those who were identified as a tobacco user. Caution should be used when comparing this measure over time.

### **About HEDIS**

The NCQA HEDIS is a comprehensive tool used by most HMO and PPO health plans to measure performance on important dimensions of care and service. By providing clinical performance measures based on a detailed set of criteria, HEDIS data helps purchasers and consumers compare health plans' performance.

State requirement:

39 states collect or require HEDIS

25 States require HEDIS reporting for commercial plans

34 States require HEDIS reporting for Medicaid plans

12 do not require any HEDIS reporting: Alabama, Alaska, Arizona, Idaho, Mississippi, Montana, New Hampshire, North Carolina, North Dakota, South Dakota, West Virginia, and Wyoming

### **Data Collection**

There are two types of data collection, administrative (claims based data; CPTs, ICD-9s, etc.) and hybrid. Hybrid specifications allow the use of administrative data supplemented with medical record review and require plans to report performance rates based on both administrative-only data and administrative data supplemented with chart review.

Both types of specification use administrative data to identify the eligible population. Measures for which the denominator cannot be accurately determined using administrative data are not included in HEDIS. Measures specified for "administrative-only" data collection require that both the numerator and denominator of the measure are determined using administrative data alone. NCQA currently defines administrative data as including visit, procedure, laboratory, and pharmacy claims, as well as laboratory results data, all of which must be available in an electronic format.

HEDIS includes the CAHPS 5.0 Survey. The CAHPS survey measures consumers' experiences with their health care in areas such as claims processing and getting needed care quickly, and asks them to rate their health plan on a scale of 0–10.

For a brief description on HEDIS data collection methods: Pawlson LG, Scholle SH, Powers A. Comparison of administrative-only versus administrative plus chart review data for reporting HEDIS hybrid measures. *Am J Manag Care* 2007; 13:553– 8.

For more detailed information: National Committee for Quality Assurance. HEDIS Volume 2, Technical Specifications. Washington, DC: National Committee for Quality Assurance, 2006

Current data collection includes 369 commercial plans, 147 Medicaid plans, and 333 Medicare plans.

## **HEDIS Data Limitations**

### **Data Collection and Population**

Users should be cautious when interpreting and comparing data, particularly across data sources. HEDIS was designed to allow consumers to compare health plan performance.

## **HEDIS Measure Specifications**

The HEDIS documentation gives specific instructions on the sampling method and conduct of chart reviews: National Committee for Quality Assurance. HEDIS Volume 2, Technical Specifications. Washington, DC: National Committee for Quality Assurance, 2006

### **A. Aspirin Use**

N/A

### **B. Blood Pressure Control**

The percentage of adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.

### **B. Blood Pressure Screening**

N/A

### **C. Cholesterol Screening and Control**

N/A

### **C. Cholesterol Control - Diabetes**

The percentage of adults 18–75 years of age with diabetes (type 1 and type 2) who had:

- LDL-C screening
- LDL-C control (<100 mg/dL)

### **C. Cholesterol Control – Ischemic Vascular Disease (IVD)**

The percentage of adults 18-75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1-November 1 of the year 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 had each of the following during the measurement year:

- LDL-C screening
- LDL-C control (<100 mg/dL)

### **S. Smoking Cessation**

Advising Smokers and Tobacco Users to Quit. A rolling average represents the percentage of adults 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.

Discussing Cessation Medication. A rolling average represents the percentage of adults 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

Discussing Cessation Strategies. A rolling average represents the percentage of adults 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Data source: Center for Medicare & Medicaid Services (CMS). **The Physician Quality Reporting System (PQRS).**

### **About PQRS**

The Physician Quality Reporting System (PQRS), formerly known as the Physician Quality Reporting Initiative (PQRI) is a voluntary quality reporting program administered by the Centers for Medicare & Medicaid Services (CMS) that provides incentive payments or payment adjustments to promote the reporting of quality measures by eligible professionals (EPs). Individual EPs can report measures on a specified group of patients through one of four reporting mechanisms: registry-based reporting, claims-based reporting, and electronic health record (EHR)-based reporting, and measure group reporting. Groups of EPs may report to PQRS through the Group Practice Reporting Option (GPRO). **The dashboard contains registry-based and Registered Groups (Group Practice Reporting Option (GPRO)/ Accountable Care Organization (ACO)) reporting only.**

### **2014 Registry-Based Reporting**

Registry Reporting Criteria for Individual EPs

1. Report on at least nine measures covering three National Quality Strategy (NQS) domains for at least 50% of the EP's Medicare Part B Fee-For-Service (FFS) patients.
2. Report at least one measures group on a 20-patient sample, a majority of which (at least 11 out of 20) must be Medicare Part B FFS patients.

For more information on **2014 Registry Vendor Criteria**: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014RegistryVendorCriteria\\_01092014.pdf](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014RegistryVendorCriteria_01092014.pdf)

### **2014 Registered Groups (ACO/PQRS GPRO)**

Reporting Criteria for Group Practices

1. Report on at least nine measures covering three NQS domains for at least 50% of the group's Medicare Part B FFS patients.  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>

For more information on reporting criteria: 2014 Physician Quality Reporting System (PQRS) Implementation Guide: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

### **PQRS Population**

PQRS is applicable for Medicare Part B patients by eligible professionals (EPs). For more information about PQRS: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/20\\_AlternativeReportingMechanisms.asp](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/20_AlternativeReportingMechanisms.asp)

### **PQRS Data Limitations**

#### **Data Collection and Population**

Users should be cautious when interpreting and comparing data, particularly across data sources. PQRS is a voluntary reporting program applicable to Medicare Part B patients only.

#### **PQRS Measure Specifications**

PQRS EHR specifications entitled “**2014 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures**” and “**2014 Physician Quality Reporting System (PQRS) Measures Groups Specifications Manual**” can be found as zip files under “Resources for 2014 PQRS Measures” at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

### **A. Aspirin Use**

PQRS Measure #204 (NQF 0068): Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Description: 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) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period

Reporting Mechanism: Claims, Registry, Cardiovascular Prevention Measures Group, GPRO

### **B. Blood Pressure Screening**

Measure #317 (NQF N/A): Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure (BP) AND a recommended follow-up plan is documented based on the current blood pressure reading as indicated

Reporting Mechanism: Claims, Registry, Cardiovascular Prevention Measures Group, EHR, GPRO

### **C. Cholesterol Control - Diabetes**

PQRS Measure #2 (NQF 0064): Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control

Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)

Reporting Mechanism: Claims, Registry, EHR, GPRO

### **C. Cholesterol Control – Ischemic Vascular Disease (IVD)**

PQRS Measure #241 (NQF 0075): Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control

Description: Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level was in control (less than 100 mg/dL)

Reporting Mechanism: Claims, Registry, EHR, Cardiovascular Prevention Measures Group, GPRO

### **S. Smoking Cessation**

PQRS Measure #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

Reporting Mechanism: Claims, Registry, EHR, Cardiovascular Prevention Measures Group, GPRO

Data Source: State Characteristics Datasets: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2013 <http://www.census.gov/popest/data/state/asrh/2013/SC-EST2013-ALLDATA6.html>

Data Source: The U.S. Census Bureau releases interim population estimates of the resident population of the United States based on Census counts. For a detail description of variables in the data: <http://www.census.gov/popest/data/counties/asrh/2012/files/CC-EST2012-ALLDATA.pdf>

Data Source: The U.S. Census Bureau Current Population Survey (CPS: Annual Social and Economic Supplements) <https://www.census.gov/hhes/www/poverty/publications/pubs-cps.html>