

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

The Physician Quality Reporting System (“Physician Quality Reporting,” formerly known as Physician Quality Reporting Initiative or PQRI) measures were developed by various organizations for 2011. The following is a list of each measure, the measure developer, contact information and method of reporting available. Questions regarding the construct of a measure or its intent should be referred to the measure developer/contact as outlined in Appendix II (on page 33). Please note that gaps in measure numbering reflect retired 2007, 2008, 2009, and 2010 measures that are not included in 2011. This list also includes a column denoting whether the measure is a patient-level measure<sup>a</sup> that requires reporting one time per patient per eligible professional per reporting period. This measure list is intended as a summary list to assist eligible professionals initially reviewing the measures and should not be used as a replacement for the measure specifications, which contain detailed reporting and coding instructions. A list of Physician Quality Reporting Measure Specifications and where they can be found on the CMS website is listed in Appendix I (on page 32).

| #                       | Measure Title & Description   | Measure Developer | Reporting Options/Methods  | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-------------------------|---|-------------------|--|---|
| 1.<br><i>GPRO DM-2</i>  | <b>Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus</b><br>Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%   | ◆ NCQA            | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> , DM Measures Group, GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 2.<br><i>GPRO DM-5</i>  | <b>Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus</b><br>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)   | ◆ NCQA            | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> , DM Measures Group, GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 3.<br><i>GPRO DM-3</i>  | <b>Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus</b><br>Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)  | ◆ NCQA            | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> , DM Measures Group, GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 5.<br><i>GPRO HF-7</i>  | <b>Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</b><br>Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy | ▲ AMA-PCPI        | Registry <sup>b</sup> , EHR <sup>b</sup> , HF Measures Group, GPRO I <sup>c</sup> , GPRO II <sup>c</sup>         | X   |
| 6.<br><i>GPRO CAD-1</i> | <b>Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD</b><br>Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy  | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , CAD Measures Group, GPRO I <sup>c</sup> , GPRO II <sup>c</sup>                   | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #                       | Measure Title & Description   | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-------------------------|---|-------------------|---|---|
| 7.<br><i>GPRO CAD-3</i> | <p><b>Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</b><br/>Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>    | X   |
| 8.<br><i>GPRO HF-6</i>  | <p><b>Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</b><br/>Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF &lt; 40%) and who were prescribed beta-blocker therapy</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> ,<br>HF Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 9.                      | <p><b>Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD</b><br/>Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase</p>  | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                                     |   |
| 10.                     | <p><b>Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports</b><br/>Percentage of final reports for CT or MRI studies of the brain performed either:</p> <ul style="list-style-type: none"> <li>• In the hospital within 24 hours of arrival, OR</li> <li>• In an outpatient imaging center to confirm initial diagnosis of stroke, transient ischemic attack (TIA) or intracranial hemorrhage</li> </ul> <p>For patients aged 18 years and older with either a diagnosis of ischemic stroke or TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction</p> | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                                     |   |
| 12.                     | <p><b>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</b><br/>Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months</p>  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                                     | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|--|-------------------|---|---|
| 14. | <p><b>Age-Related Macular Degeneration (AMD): Dilated Macular Examination</b><br/>                     Percentage of patients aged 50 years and older with a diagnosis of AMD who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           | X   |
| 18. | <p><b>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</b><br/>                     Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months</p>               | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           | X   |
| 19. | <p><b>Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care</b><br/>                     Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months</p>      | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           | X   |
| 20. | <p><b>Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician</b><br/>                     Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)</p> | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>Periop Measures Group,<br>GPRO II <sup>c</sup> |   |
| 21. | <p><b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin</b><br/>                     Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>Periop Measures Group,<br>GPRO II <sup>c</sup> |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|--|-------------------|---|---|
| 22. | <p><b>Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)</b></p> <p>Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time</p>  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>Periop Measures Group,<br>GPRO II <sup>c</sup> |   |
| 23. | <p><b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</b></p> <p>Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p>                  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>Periop Measures Group,<br>GPRO II <sup>c</sup> |   |
| 24. | <p><b>Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older</b></p> <p>Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           |   |
| 28. | <p><b>Aspirin at Arrival for Acute Myocardial Infarction (AMI)</b></p> <p>Percentage of patients, regardless of age, with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay</p>  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           |   |
| 30. | <p><b>Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics</b></p> <p>Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of the prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)</p> | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description   | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|---|-------------------|---|---|
| 31. | <p><b>Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who received DVT prophylaxis by end of hospital day two</p>  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  |   |
| 32. | <p><b>Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antiplatelet therapy at discharge</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  |   |
| 33. | <p><b>Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge</p> | * AMA-PCPI/NCQA   | Registry <sup>b</sup> , GPRO II <sup>c</sup>  |   |
| 35. | <p><b>Stroke and Stroke Rehabilitation: Screening for Dysphagia</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  |   |
| 36. | <p><b>Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services is documented</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  |   |
| 39. | <p><b>Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older</b></p> <p>Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> , Prev Care Measures Group, GPRO II <sup>c</sup> | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|--|-------------------|---|---|
| 40. | <p><b>Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older</b><br/>Percentage of patients aged 50 years and older with fracture of the hip, spine, or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed</p>  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>                      |   |
| 41. | <p><b>Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older</b><br/>Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>                      | X   |
| 43. | <p><b>Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery</b><br/>Percentage of patients aged 18 years and older undergoing isolated CABG surgery using an IMA graft</p>  | Ω STS             | Claims, Registry <sup>b</sup> , CABG Measures Group, GPRO II <sup>c</sup> |   |
| 44. | <p><b>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery</b><br/>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received a beta-blocker within 24 hours prior to surgical incision</p>   | Ω STS             | Claims, Registry <sup>b</sup> , CABG Measures Group, GPRO II <sup>c</sup> |   |
| 45. | <p><b>Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)</b><br/>Percentage of cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time</p>  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>                      |   |
| 46. | <p><b>Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility</b><br/>Percentage of patients aged 65 years and older <u>discharged from any inpatient facility</u> (eg, hospital, skilled nursing facility, or rehabilitation facility) and <u>seen within 60 days following discharge</u> in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented</p> | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>                      |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|--|-------------------|---|---|
| 47. | <p><b>Advance Care Plan</b><br/>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> , GPRO II <sup>c</sup>                           | X   |
| 48. | <p><b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</b><br/>Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months</p>  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> , Prev Care Measures Group, GPRO II <sup>c</sup> | X   |
| 49. | <p><b>Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older</b><br/>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  | X   |
| 50. | <p><b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</b><br/>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months</p>   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  | X   |
| 51. | <p><b>Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation</b><br/>Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  | X   |
| 52. | <p><b>Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy</b><br/>Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV<sub>1</sub>/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>  | X   |
| 53. | <p><b>Asthma: Pharmacologic Therapy</b><br/>Percentage of patients aged 5 through 50 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , Asthma Measures Group, GPRO II <sup>c</sup>                       | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description   | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|---|-------------------|---|---|
| 54. | <b>12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain</b><br>Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead ECG performed  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           |   |
| 55. | <b>12-Lead Electrocardiogram (ECG) Performed for Syncope</b><br>Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           |   |
| 56. | <b>Community-Acquired Pneumonia (CAP): Vital Signs</b><br>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>CAP Measures Group,<br>GPRO II <sup>c</sup>    |   |
| 57. | <b>Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation</b><br>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>CAP Measures Group,<br>GPRO II <sup>c</sup>    |   |
| 58. | <b>Community-Acquired Pneumonia (CAP): Assessment of Mental Status</b><br>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with mental status assessed   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>CAP Measures Group,<br>GPRO II <sup>c</sup>    |   |
| 59. | <b>Community-Acquired Pneumonia (CAP): Empiric Antibiotic</b><br>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>CAP Measures Group,<br>GPRO II <sup>c</sup>    |   |
| 64. | <b>Asthma: Asthma Assessment</b><br>Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Asthma Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 65. | <b>Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use</b><br>Percentage of children aged 3 months through 18 years with a diagnosis of URI who were <u>not prescribed or dispensed</u> an antibiotic prescription on or within 3 days of the initial date of service | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                           |   |



## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description  | Measure Developer    | Reporting Options/Methods                               | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|--|----------------------|---|---|
| 66. | <p><b>Appropriate Testing for Children with Pharyngitis</b><br/>Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode</p>  | ✦ NCQA               | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 67. | <p><b>Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow</b><br/>Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow</p>  | ✦ AMA-PCPI/ASH       | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |
| 68. | <p><b>Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy</b><br/>Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy</p>                                     | ✦ AMA-PCPI/ASH       | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |
| 69. | <p><b>Multiple Myeloma: Treatment with Bisphosphonates</b><br/>Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period</p>  | ✦ AMA-PCPI/ASH       | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |
| 70. | <p><b>Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry</b><br/>Percentage of patients aged 18 years and older with a diagnosis of CLL who had baseline flow cytometry studies performed</p>   | ✦ AMA-PCPI/ASH       | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |
| 71. | <p><b>Breast Cancer: Hormonal Therapy for Stage IC-III C Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</b><br/>Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period</p> | ✦ AMA-PCPI/ASCO/NCCN | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |
| 72. | <p><b>Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients</b><br/>Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period</p>               | ✦ AMA-PCPI/ASCO/NCCN | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description   | Measure Developer | Reporting Options/Methods                               | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|---|-------------------|---|---|
| 76. | <p><b>Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol</b><br/>                     Percentage of patients, regardless of age, who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique [cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics per current guideline)] followed</p> | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 79. | <p><b>End Stage Renal Disease (ESRD): Influenza Immunization in Patients with ESRD</b><br/>                     Percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis seen for a visit between October 1 and February 28 who received an influenza immunization during the visit OR patient reported previous receipt of an influenza immunization</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 81. | <p><b>End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients</b><br/>                     Percentage of patient calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis have a Kt/V <math>\geq</math> 1.2 OR patients who have a Kt/V &lt; 1.2 with a documented plan of care for inadequate hemodialysis</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> , GPRO II <sup>c</sup>            |   |
| 82. | <p><b>End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis</b><br/>                     Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V <math>\geq</math> 1.7 OR patients who have a Kt/V &lt; 1.7 with a documented plan of care for inadequate peritoneal dialysis at least three times (every 4 months) during the 12-month reporting period</p>  | ▲ AMA-PCPI        | Registry <sup>b</sup> , GPRO II <sup>c</sup>            |   |
| 83. | <p><b>Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia</b><br/>                     Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> , GPRO II <sup>c</sup>            | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #   | Measure Title & Description   | Measure Developer | Reporting Options/Methods  | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|-----|---|-------------------|--|---|
| 84. | <p><b>Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of antiviral treatment</p>                        | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 85. | <p><b>Hepatitis C: HCV Genotype Testing Prior to Treatment</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 86. | <p><b>Hepatitis C: Antiviral Treatment Prescribed</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were prescribed peginterferon and ribavirin therapy within the 12-month reporting period</p>  | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 87. | <p><b>Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at 12 weeks from the initiation of antiviral treatment</p>                            | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 89. | <p><b>Hepatitis C: Counseling Regarding Risk of Alcohol Consumption</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12-months</p>  | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 90. | <p><b>Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy</b></p> <p>Percentage of female patients aged 18 through 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment who were counseled regarding contraception prior to the initiation of treatment</p> | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 91. | <p><b>Acute Otitis Externa (AOE): Topical Therapy</b></p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                          |   |
| 92. | <p><b>Acute Otitis Externa (AOE): Pain Assessment</b></p> <p>Percentage of patient visits for those patients aged 2 years and older with a diagnosis of AOE with assessment for auricular or periauricular pain</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                          |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description   | Measure Developer | Reporting Options/Methods                               | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|---|-------------------|---|---|
| 93.  | <p><b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use</b><br/>Percentage of patients aged 2 years and older with a diagnosis of AOE who were <u>not prescribed</u> systemic antimicrobial therapy</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 94.  | <p><b>Otitis Media with Effusion (OME): Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility</b><br/>Percentage of patient visits for those patients aged 2 months through 12 years with a diagnosis of OME with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 99.  | <p><b>Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade</b><br/>Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade</p>  | € AMA-PCPI/CAP    | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 100. | <p><b>Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade</b><br/>Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade</p>   | € AMA-PCPI/CAP    | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 102. | <p><b>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients</b><br/>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did <u>not</u> have a bone scan performed at any time since diagnosis of prostate cancer</p> | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 104. | <p><b>Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients</b><br/>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #                              | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|--------------------------------|--|-------------------|---|---|
| 105.                           | <b>Prostate Cancer: Three-Dimensional (3D) Radiotherapy</b><br>Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   |   |
| 106.                           | <b>Major Depressive Disorder (MDD): Diagnostic Evaluation</b><br>Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   | X   |
| 107.                           | <b>Major Depressive Disorder (MDD): Suicide Risk Assessment</b><br>Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   |   |
| 108.                           | <b>Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy</b><br>Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD  | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>RA Measures Group,<br>GPRO II <sup>c</sup>   | X   |
| 109.                           | <b>Osteoarthritis (OA): Function and Pain Assessment</b><br>Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   |   |
| 110.<br><i>GPRO<br/>Prev-7</i> | <b>Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old</b><br>Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>Prev Care Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 111.<br><i>GPRO<br/>Prev-8</i> | <b>Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older</b><br>Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine  | ◆ NCQA            | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>Prev Care Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 112.<br><i>GPRO<br/>Prev-5</i> | <b>Preventive Care and Screening: Screening Mammography</b><br>Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months   | ◆ NCQA            | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>Prev Care Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |







## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #                              | Measure Title & Description   | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|--------------------------------|---|-------------------|---|---|
| 113.<br><i>GPRO<br/>Prev-6</i> | <b>Preventive Care and Screening: Colorectal Cancer Screening</b><br>Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening   | ◆ NCQA            | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>Prev Care Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 116.                           | <b>Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use</b><br>Percentage of adults aged 18 through 64 years with a diagnosis of acute bronchitis who were <u>not prescribed or dispensed</u> an antibiotic prescription on or within 3 days of the initial date of service  | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   |   |
| 117.<br><i>GPRO<br/>DM-7</i>   | <b>Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient</b><br>Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam  | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>DM Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>                           | X   |
| 118.<br><i>GPRO<br/>CAD-7</i>  | <b>Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)</b><br>Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy                  | ▲ AMA-PCPI        | Registry <sup>b</sup> ,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>   | X   |
| 119.<br><i>GPRO<br/>DM-6</i>   | <b>Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients</b><br>Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months  | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>DM Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>                           | X   |
| 121.                           | <b>Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)</b><br>Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who had the following laboratory testing ordered within 12 months: serum levels of calcium, phosphorus and intact PTH, and lipid profile | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>CKD Measures Group,<br>GPRO II <sup>c</sup>  | X   |
| 122.                           | <b>Chronic Kidney Disease (CKD): Blood Pressure Management</b><br>Percentage of patient visits for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), with a blood pressure < 130/80 mmHg OR blood pressure ≥ 130/80 mmHg with a documented plan of care  | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>CKD Measures Group,<br>GPRO II <sup>c</sup>  |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|---|---|
| 123. | <p><b>Chronic Kidney Disease (CKD): Plan of Care – Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)</b></p> <p>Percentage of calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), receiving ESA therapy, have a hemoglobin &lt; 13 g/dL OR patients whose hemoglobin is ≥ 13 g/dL and have a documented plan of care</p> | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>CKD Measures Group,<br>GPRO II <sup>c</sup>                          |   |
| 124. | <p><b>Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)</b></p> <p>Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted and be using a certified/qualified EHR</p>   | ▲ CMS/QIP         | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>GPRO II <sup>c</sup>                              |   |
| 125. | <i>Refer to the Electronic Prescribing (eRx) Incentive Program</i>   | ▲ CMS/QIP         | ---   |   |
| 126. | <p><b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months</p>  | ♪ APMA            | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   | X   |
| 127. | <p><b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing</p>   | ♪ APMA            | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   | X   |
| 128. | <p><b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</b></p> <p>Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is <u>outside of normal</u> parameters, a follow-up plan is documented<br/> <u>Normal Parameters:</u> Age 65 and older BMI ≥23 and &lt;30; Age 18 – 64 BMI ≥18.5 and &lt;25</p>                                    | ▲ CMS/QIP         | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>Prev Care Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 130. | <p><b>Documentation of Current Medications in the Medical Record</b></p> <p>Percentage of patients aged 18 years and older with a list of current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) documented by the provider, including drug name, dosage, frequency, and route.</p>   | ▲ CMS/QIP         | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description   | Measure Developer   | Reporting Options/Methods                               | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|---|---|---|---|
| 131. | <p><b>Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up</b><br/>                     Percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity and description) through discussion with the patient including the use of a standardized tool on each qualifying visit prior to initiation of therapy AND documentation of a follow-up plan</p>   |  CMS/QIP         | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 134. | <p><b>Screening for Clinical Depression and Follow-Up Plan</b><br/>                     Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented</p>  |  CMS/QIP         | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |
| 135. | <p><b>Chronic Kidney Disease (CKD): Influenza Immunization</b><br/>                     Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) who were seen for a visit between October 1 and February 28 who received the influenza immunization during the visit OR patient reported previous receipt of an influenza immunization</p>  |  AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 137. | <p><b>Melanoma: Continuity of Care – Recall System</b><br/>                     Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes:</p> <ul style="list-style-type: none"> <li>• A target date for the next complete physical skin exam, AND</li> <li>• A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment</li> </ul> |  AMA-PCPI/NCQA   | Registry <sup>b</sup> , GPRO II <sup>c</sup>            | X   |
| 138. | <p><b>Melanoma: Coordination of Care</b><br/>                     Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis</p>  |  AMA-PCPI/NCQA | Registry <sup>b</sup> , GPRO II <sup>c</sup>            |   |
| 140. | <p><b>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement</b><br/>                     Percentage of patients aged 50 years and older with a diagnosis of AMD and/or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD</p>  |  AMA-PCPI/NCQA | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |









## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods                            | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|--|---|
| 141. | <p><b>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care</b><br/>                     Percentage of patients aged 18 years and older with a diagnosis of POAG whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months</p> | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> | X   |
| 142. | <p><b>Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications</b><br/>                     Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications</p>  | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 143. | <p><b>Oncology: Medical and Radiation – Pain Intensity Quantified</b><br/>                     Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> , GPRO II <sup>c</sup>         |   |
| 144. | <p><b>Oncology: Medical and Radiation – Plan of Care for Pain</b><br/>                     Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> , GPRO II <sup>c</sup>         |   |
| 145. | <p><b>Radiology: Exposure Time Reported for Procedures Using Fluoroscopy</b><br/>                     Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time</p>   | ▣ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 146. | <p><b>Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening</b><br/>                     Percentage of final reports for screening mammograms that are classified as “probably benign”</p>  | ▣ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 147. | <p><b>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy</b><br/>                     Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (eg, x-ray, MRI, CT, etc.) that were performed</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |







## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods  | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|--|---|
| 148. | <b>Back Pain: Initial Visit</b><br>The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain   | ◆ NCQA            | Back Pain Measures Group,<br>GPRO II <sup>c</sup>                              |   |
| 149. | <b>Back Pain: Physical Exam</b><br>Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain   | ◆ NCQA            | Back Pain Measures Group,<br>GPRO II <sup>c</sup>                              |   |
| 150. | <b>Back Pain: Advice for Normal Activities</b><br>The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain  | ◆ NCQA            | Back Pain Measures Group,<br>GPRO II <sup>c</sup>                              |   |
| 151. | <b>Back Pain: Advice Against Bed Rest</b><br>The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain                        | ◆ NCQA            | Back Pain Measures Group,<br>GPRO II <sup>c</sup>                              |   |
| 153. | <b>Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula</b><br>Percentage of patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who were referred for AV fistula at least once during the 12-month reporting period | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>CKD Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 154. | <b>Falls: Risk Assessment</b><br>Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months   | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                        | X   |
| 155. | <b>Falls: Plan of Care</b><br>Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months  | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                        | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer   | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|---|---|---|
| 156. | <p><b>Oncology: Radiation Dose Limits to Normal Tissues</b><br/>Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues</p>  |  AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                     | X   |
| 157. | <p><b>Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection</b><br/>Percentage of surgical patients aged 18 years and older undergoing resection for lung or esophageal cancer who had clinical TNM staging provided prior to surgery</p>  |  STS             | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                     |   |
| 158. | <p><b>Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy</b><br/>Percentage of patients aged 18 years and older undergoing conventional (non-eversion) carotid endarterectomy who undergo patch closure of the arteriotomy</p>  |  SVS             | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                     |   |
| 159. | <p><b>HIV/AIDS: CD4+ Cell Count or CD4+ Percentage</b><br/>Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months</p>   |  AMA-PCPI/NCQA   | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup> |   |
| 160. | <p><b>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis</b><br/>Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count &lt; 200 cells/mm3 who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count</p>   |  AMA-PCPI/NCQA   | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 161. | <p><b>HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy</b><br/>Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm3 or who have a history of an AIDS-defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy</p> |  AMA-PCPI/NCQA | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup> | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #                        | Measure Title & Description   | Measure Developer   | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|--------------------------|---|---|---|---|
| 162.                     | <p><b>HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy</b><br/>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy or patients whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care</p> | <input type="checkbox"/> AMA-PCPI/NCQA  | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup>                         | X   |
| 163.<br><i>GPRO DM-8</i> | <p><b>Diabetes Mellitus: Foot Exam</b><br/>The percentage of patients aged 18 through 75 years with diabetes who had a foot examination</p>   |  NCQA  | Claims, Registry <sup>b</sup> ,<br>DM Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 164.                     | <p><b>Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation)</b><br/>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require intubation &gt; 24 hours</p>  |  STS   | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                             |   |
| 165.                     | <p><b>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate</b><br/>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who developed deep sternal wound infection (involving muscle, bone, and/or mediastinum requiring operative intervention) within 30 days postoperatively</p>  |  STS   | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                             |   |
| 166.                     | <p><b>Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA)</b><br/>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who had a stroke/CVA within 24 hours postoperatively</p>   |  STS   | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                             |   |
| 167.                     | <p><b>Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency</b><br/>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who develop postoperative renal insufficiency or require dialysis</p>  |  STS | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                             |   |
| 168.                     | <p><b>Coronary Artery Bypass Graft (CABG): Surgical Re-exploration</b><br/>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) for mediastinal bleeding/tamponade, graft occlusion (due to acute closure, thrombosis, technical or embolic origin), or other cardiac reason</p>   |  STS | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                             |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|---|---|
| 169. | <b>Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge</b><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have antiplatelet medication at discharge   | Ω STS             | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                                 |   |
| 170. | <b>Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge</b><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers  | Ω STS             | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                                 |   |
| 171. | <b>Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling</b><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have anti-lipid treatment at discharge  | Ω STS             | Registry <sup>b</sup> ,<br>CABG Measures Group,<br>GPRO II <sup>c</sup>                                 |   |
| 172. | <b>Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula</b><br>Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 4 or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis vascular access documented by surgeon to have received autogenous AV fistula | † SVS             | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   |   |
| 173. | <b>Preventive Care and Screening: Unhealthy Alcohol Use – Screening</b><br>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> ,<br>Prev Care Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 175. | <b>Pediatric End Stage Renal Disease (ESRD): Influenza Immunization</b><br>Percentage of patients aged 6 months through 17 years with a diagnosis of ESRD and receiving dialysis seen for a visit between October 1 and February 28 who received an influenza immunization during the visit OR patient reported previous receipt of an influenza immunization                                    | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>   |   |
| 176. | <b>Rheumatoid Arthritis (RA): Tuberculosis Screening</b><br>Percentage of patients 18 years and older with a diagnosis of RA who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)   | ⌘ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>RA Measures Group,<br>GPRO II <sup>c</sup>                           | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description   | Measure Developer | Reporting Options/Methods  | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|---|-------------------|--|---|
| 177. | <b>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity</b><br>Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease activity within 12 months  | ⌘ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>RA Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 178. | <b>Rheumatoid Arthritis (RA): Functional Status Assessment</b><br>Percentage of patients 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months   | ⌘ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>RA Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 179. | <b>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis</b><br>Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease prognosis at least once within 12 months  | ⌘ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>RA Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 180. | <b>Rheumatoid Arthritis (RA): Glucocorticoid Management</b><br>Percentage of patients 18 years and older with a diagnosis of RA who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months | ⌘ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>RA Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 181. | <b>Elder Maltreatment Screen and Follow-Up Plan</b><br>Percentage of patients aged 65 years and older with documentation of a screen for elder maltreatment AND documented follow-up plan   | ♣ CMS/QIP         | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                          |   |
| 182. | <b>Functional Outcome Assessment in Chiropractic Care</b><br>Percentage of patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized tool AND documentation of a care plan based on identified functional outcome deficiencies  | ♣ CMS/QIP         | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                          |   |
| 183. | <b>Hepatitis C: Hepatitis A Vaccination in Patients with HCV</b><br>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 184. | <b>Hepatitis C: Hepatitis B Vaccination in Patients with HCV</b><br>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Hep C Measures Group,<br>GPRO II <sup>c</sup> | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods                            | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|--|---|
| 185. | <p><b>Endoscopy &amp; Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</b></p> <p>Percentage of patients aged 18 years and older receiving a surveillance colonoscopy and a history of colonic polyp(s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report</p>  | ⌘ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 186. | <p><b>Wound Care: Use of Compression System in Patients with Venous Ulcers</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12-month reporting period</p>   | ⌘ AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> | X   |
| 187. | <p><b>Stroke and Stroke Rehabilitation: Thrombolytic Therapy</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well</p>   | ○ AHA/ASA/TJC     | Registry <sup>b</sup> , GPRO II <sup>c</sup>         |   |
| 188. | <p><b>Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear</b></p> <p>Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a congenital or traumatic deformity of the ear (internal or external)</p>  | ✂ AQC             | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> | X   |
| 189. | <p><b>Referral for Otologic Evaluation for Patients with History of Active Drainage From the Ear Within the Previous 90 Days</b></p> <p>Percentage of patients aged birth and older who have disease of the ear and mastoid processes referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a history of active drainage from the ear within the previous 90 days</p> | ✂ AQC             | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup> | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description   | Measure Developer | Reporting Options/Methods                               | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|---|-------------------|---|---|
| 190. | <p><b>Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss</b></p> <p>Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation immediately following an audiologic evaluation that verifies and documents sudden or rapidly progressive hearing loss</p>   | ✈ AQC             | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |
| 191. | <p><b>Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery</p>   | * AMA-PCPI/NCQA   | Registry <sup>b</sup> , GPRO II <sup>c</sup>            |   |
| 192. | <p><b>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence</p>   | * AMA-PCPI/NCQA   | Registry <sup>b</sup> , GPRO II <sup>c</sup>            |   |
| 193. | <p><b>Perioperative Temperature Management</b></p> <p>Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom <i>either</i> active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time</p> | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> |   |
| 194. | <p><b>Oncology: Cancer Stage Documented</b></p> <p>Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once within 12 months</p>  | ♥ AMA-PCPI/ASCO   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup> | X   |



## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #                         | Measure Title & Description   | Measure Developer | Reporting Options/Methods  | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|---------------------------|---|-------------------|--|---|
| 195.                      | <p><b>Radiology: Stenosis Measurement in Carotid Imaging Studies</b><br/>Percentage of final reports for all patients, regardless of age, for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement</p> | * AMA-PCPI/NCQA   | Claims, Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                                      |   |
| 196.                      | <p><b>Coronary Artery Disease (CAD): Symptom and Activity Assessment</b><br/>Percentage of patients aged 18 years and older with a diagnosis of CAD who were evaluated for both level of activity and anginal symptoms during one or more visits</p>  | ▲ AMA-PCPI        | Registry <sup>b</sup> ,<br>CAD Measures Group,<br>GPRO II <sup>c</sup>                       | X   |
| 197.<br><i>GPRO CAD-2</i> | <p><b>Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol</b><br/>Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)</p>  | ▲ AMA-PCPI        | Registry <sup>b</sup> ,<br>CAD Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup> | X   |
| 198.<br><i>GPRO HF-1</i>  | <p><b>Heart Failure: Left Ventricular Function (LVF) Assessment</b><br/>Percentage of patients aged 18 years and older with a diagnosis of heart failure who have quantitative or qualitative results of LVF assessment recorded</p>  | ▲ AMA-PCPI        | Registry <sup>b</sup> ,<br>HF Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>  | X   |
| 199.<br><i>GPRO HF-5</i>  | <p><b>Heart Failure: Patient Education</b><br/>Percentage of patients aged 18 years and older with a diagnosis of heart failure who were provided with patient education on disease management and health behavior changes during one or more visit(s) within 12 months</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> ,<br>HF Measures Group,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>  | X   |
| 200.<br><i>GPRO HF-8</i>  | <p><b>Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation</b><br/>Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> ,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>                        | X   |
| 201.                      | <p><b>Ischemic Vascular Disease (IVD): Blood Pressure Management Control</b><br/>Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)</p>  | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>IVD Measures Group,<br>GPRO II <sup>c</sup>               | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods  | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|--|---|
| 202. | <b>Ischemic Vascular Disease (IVD): Complete Lipid Profile</b><br>Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months   | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>IVD Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 203. | <b>Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control</b><br>Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent LDL-C level in control (less than 100 mg/dl)  | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>IVD Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 204. | <b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</b><br>Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic   | ◆ NCQA            | Claims, Registry <sup>b</sup> ,<br>IVD Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 205. | <b>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea</b><br>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection     | ☐ AMA-PCPI/NCQA   | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 206. | <b>HIV/AIDS: Screening for High Risk Sexual Behaviors</b><br>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for high risk sexual behaviors at least once within 12 months   | ☐ AMA-PCPI/NCQA   | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 207. | <b>HIV/AIDS: Screening for Injection Drug Use</b><br>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for injection drug use at least once within 12 months   | ☐ AMA-PCPI/NCQA   | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 208. | <b>HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis</b><br>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for syphilis at least once within 12 months  | ☐ AMA-PCPI/NCQA   | Registry <sup>b</sup> ,<br>HIV/AIDS Measures Group,<br>GPRO II <sup>c</sup>    | X   |
| 209. | <b>Functional Communication Measure - Spoken Language Comprehension</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language Comprehension Functional Communication Measure | ♿ASHA             | Registry <sup>b</sup> , GPRO II <sup>c</sup>                                   |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods                    | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|--|---|
| 210. | <b>Functional Communication Measure - Attention</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Attention Functional Communication Measure                                   | ☞ ASHA            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 211. | <b>Functional Communication Measure - Memory</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Memory Functional Communication Measure   | ☞ ASHA            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 212. | <b>Functional Communication Measure - Motor Speech</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Motor Speech Functional Communication Measure                             | ☞ ASHA            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 213. | <b>Functional Communication Measure - Reading</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Reading Functional Communication Measure                                       | ☞ ASHA            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 214. | <b>Functional Communication Measure - Spoken Language Expression</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language Expression Functional Communication Measure | ☞ ASHA            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 215. | <b>Functional Communication Measure - Writing</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Writing Functional Communication Measure                                       | ☞ ASHA            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 216. | <b>Functional Communication Measure - Swallowing</b><br>Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Swallowing Functional Communication Measure                                 | ☞ ASHA            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description   | Measure Developer | Reporting Options/Methods                    | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|---|-------------------|--|---|
| 217. | <p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments</b></p> <p>Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Risk-Adjusted Functional Status is measured</p>   | ( FOTO            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 218. | <p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments</b></p> <p>Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured</p>   | ( FOTO            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 219. | <p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments</b></p> <p>Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Risk-Adjusted Functional Status is measured</p> | ( FOTO            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 220. | <p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments</b></p> <p>Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured</p>                         | ( FOTO            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 221. | <p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments</b></p> <p>Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Risk-Adjusted Functional Status is measured</p>                                 | ( FOTO            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |
| 222. | <p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments</b></p> <p>Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Risk-Adjusted Functional Status is measured</p>         | ( FOTO            | Registry <sup>b</sup> , GPRO II <sup>c</sup> |   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #                        | Measure Title & Description  | Measure Developer | Reporting Options/Methods  | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|--------------------------|--|-------------------|--|---|
| 223.                     | <p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments</b></p> <p>Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured</p> | ☾ FOTO            | Registry <sup>b</sup> , GPRO II <sup>c</sup>   |   |
| 224.                     | <p><b>Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma</b></p> <p>Percentage of patients, regardless of age, with Stage 0 or IA melanoma, without signs or symptoms, for whom no diagnostic imaging studies have been ordered related to the melanoma diagnosis</p>   | ▲ AMA-PCPI        | Registry <sup>b</sup> , GPRO II <sup>c</sup>   | X   |
| 225.                     | <p><b>Radiology: Reminder System for Mammograms</b></p> <p>Percentage of patients aged 40 years and older undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram</p>   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , GPRO II <sup>c</sup>   | X   |
| 226.                     | <p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b></p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months <u>AND</u> who received cessation counseling intervention if identified as a tobacco user</p>  | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> , EHR <sup>b</sup> , CAD Measures Group, HF Measures Group, IVD Measures Group, Prev Care Measures Group, GPRO II <sup>c</sup> | X   |
| 227.<br><i>GPRO HF-3</i> | <p><b>Heart Failure: Weight Measurement</b></p> <p>Percentage of patient visits for patients aged 18 years and older with a diagnosis of heart failure with weight measurement recorded</p>  | ▲ AMA-PCPI        | GPRO I <sup>c</sup>  | X   |
| 228.<br><i>GPRO HF-2</i> | <p><b>Heart Failure (HF): Left Ventricular Function (LVF) Testing</b></p> <p>Percentage of patients with LVF testing during the current year for patients hospitalized with a principal diagnosis of heart failure (HF) during the measurement period</p>  | ☀ CMS             | Registry <sup>b</sup> , GPRO I <sup>c</sup> , GPRO II <sup>c</sup>   | X   |
| 229.<br><i>GPRO DM-1</i> | <p><b>Diabetes Mellitus: Hemoglobin A1c Testing</b></p> <p>Percentage of patients aged 18 through 75 years of age with diabetes mellitus who had hemoglobin A1c (HbA1c) testing</p>  | ◆ NCQA            | GPRO I <sup>c</sup>  | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #                         | Measure Title & Description  | Measure Developer | Reporting Options/Methods   | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|---------------------------|--|-------------------|---|---|
| 230.<br><i>GPRO DM-9</i>  | <b>Diabetes Mellitus: Lipid Profile</b><br>Percentage of patients aged 18 through 75 years of age with diabetes who received at least one lipid profile within 12 months   | ◆ NCQA            | GPRO I <sup>c</sup>   | X   |
| 231.                      | <b>Asthma: Tobacco Use: Screening - Ambulatory Care Setting</b><br>Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were queried about tobacco use and exposure to second hand smoke in their home environment at least once within 12 months   | □ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Asthma Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 232.                      | <b>Asthma: Tobacco Use: Intervention - Ambulatory Care Setting</b><br>Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users (patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention within 12 months | □ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>Asthma Measures Group,<br>GPRO II <sup>c</sup> | X   |
| 233.                      | <b>Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection</b><br>Percentage of patients aged 18 years and older undergoing resection for lung or esophageal cancer who had performance status documented and reviewed within 2 weeks prior to surgery  | Ω STS             | Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                                   |   |
| 234.                      | <b>Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy)</b><br>Percentage of surgical patients aged 18 years and older undergoing a major lung resection who had a pulmonary function test performed within 12 months prior to surgery  | Ω STS             | Registry <sup>b</sup> ,<br>GPRO II <sup>c</sup>                                   |   |
| 235.<br><i>GPRO HTN-3</i> | <b>Hypertension (HTN): Plan of Care</b><br>Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN during which either systolic blood pressure ≥ 140 mmHg OR diastolic blood pressure ≥ 90mm Hg, with documented plan of care for hypertension   | ▲ AMA-PCPI        | Claims, Registry <sup>b</sup> ,<br>GPRO I <sup>c</sup> , GPRO II <sup>c</sup>     | X   |
| 236.<br><i>GPRO HTN-2</i> | <b>Hypertension (HTN): Blood Pressure Control</b><br>Percentage of patients with last BP < 140/90 mmHg   | ◆ NCQA            | GPRO I <sup>c</sup>   | X   |
| 237.<br><i>GPRO HTN-1</i> | <b>Hypertension (HTN): Blood Pressure Measurement</b><br>Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN with blood pressure (BP) recorded   | ▲ AMA-PCPI        | EHR <sup>b</sup> , GPRO I <sup>c</sup>  | X   |

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| #    | Measure Title & Description  | Measure Developer | Reporting Options/Methods | Patient-Level Measure <sup>a</sup><br>(Once per Patient per Reporting Period) |
|------|--|-------------------|---------------------------|---|
| 238. | <b>Drugs to be Avoided in the Elderly</b><br>Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly and/or two different drugs to be avoided in the elderly in the measurement period                                | ◆ NCQA            | EHR <sup>b</sup>          | X   |
| 239. | <b>Weight Assessment and Counseling for Children and Adolescents</b><br>Percentage of children 2 through 18 years of age whose weight is classified based on BMI percentile for age and gender   | ◆ NCQA            | EHR <sup>b</sup>          | X   |
| 240. | <b>Childhood Immunization Status</b><br>The percentage of children two years of age who had four DTaP/DT, three IPV, one MMR, three Influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday | ◆ NCQA            | EHR <sup>b</sup>          |   |

<sup>a</sup>Each measure specified in the 2011 Physician Quality Reporting includes a reporting frequency requirement, located in the instructions section, for each denominator-eligible patient seen during the reporting period (January 1 – December 31, 2011). Measure specification instructions limit the frequency of reporting necessary in certain circumstances (such as for patients with chronic illness for whom a particular process of care is provided periodically). These measures are considered patient-level or patient-process measures for which the reporting frequency is a minimum of once per reporting period per each individual eligible professional.

Physician Quality Reporting measures, including patient-level measure(s), may be reported for the same patient by multiple eligible professionals practicing under the same Tax Identification Number (TIN). If a patient sees multiple providers during the reporting period, that patient can be counted for each individual NPI reporting if the patient encounter(s) meet denominator inclusion. The following is an example of two provider NPIs (National Provider Identifiers), billing under the same TIN who are intending to report Physician Quality Reporting Measure #6: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD. Provider A sees a patient on February 2, 2011 and prescribes an aspirin and reports the appropriate QDC for measure #6. Provider B sees the same patient at an encounter on July 16, 2011 and verifies that the patient has been prescribed and is currently taking an aspirin. Provider B must also report the appropriate QDCs for the patient at the July encounter to receive credit for reporting measure #6.

<sup>b</sup>A list of qualified Registries and EHR Vendors for the 2011 program will be available on the Alternative Reporting Mechanisms section available from the navigation bar on the left side of the CMS Physician Quality Reporting website at <http://www.cms.gov/pqri/>. Please visit this site periodically for updates and contact your EHR vendor or registry to determine if they are planning to become qualified for upcoming program years.

<sup>c</sup>The Group Practice Reporting Options (GPRO I and GPRO II) are only available to those group practices who have been selected. For information on how to become a selected group practice, refer to the downloads on the Group Practice Reporting Option section available from the navigation bar on the left side of the CMS Physician Quality Reporting System website at <http://www.cms.gov/pqri/>. Please visit this site periodically for updates.

## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| Appendix I - Measure Specifications  |  |   |
|--|--|---|
| Reporting Option/Method  | Measure Specification Name   | CMS Physician Quality Reporting website location  |
| <b>Claims</b>  | 2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting of Individual Measures  | <a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Measures Codes page > 2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes ZIP file  |
| <b>Registry</b>  | 2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting of Individual Measures  | <a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Measures Codes page > 2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes ZIP file  |
| <b>EHR</b><br><i>Electronic Health Record</i>                                  | 2011 EHR Measure Specifications  | <a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Alternative Reporting Mechanisms page > EHR Documents for Eligible Professionals ZIP file   |
| <b>Measures Groups</b>   | 2011 Physician Quality Reporting Measures Groups Specifications Manual and Release Notes<br><br><i>NOTE: Refer to these measure specifications for more information on which reporting mechanism (claims or registry) may be used to submit each Measures Group.</i>   | <a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Measures Codes page > 2011 Physician Quality Reporting Measures Groups Specifications Manual and Release Notes ZIP file   |
| <b>GPRO I</b><br><i>Group Practice Reporting Option I (Groups ≥ 200 EPs)</i>   | 2011 Physician Quality Reporting GPRO I Narrative Measure Specifications and Release Notes   | <a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Group Practice Reporting Option page > 2011 Physician Quality Reporting GPRO I Narrative Measure Specifications and Release Notes ZIP file  |
| <b>GPRO II</b><br><i>Group Practice Reporting Option II (Groups 2-199 EPs)</i> | n/a<br><br><i>NOTE: The existing Measure Specifications for Claims and Registry Reporting of Individual Measures and Measures Groups Specifications should be used for GPRO II reporters; however, the GPRO II reporting option has it's own requirements that are outlined in GPRO II educational materials available on the CMS Physician Quality Reporting website.</i> | <a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Group Practice Reporting Option page<br><b>AND</b><br><a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Measures Codes page > 2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes ZIP file<br><b>AND</b><br><a href="http://www.cms.gov/pqri/">http://www.cms.gov/pqri/</a> > Measures Codes page > 2011 Physician Quality Reporting Measures Groups Specifications Manual and Release Notes ZIP file |



## 2011 Physician Quality Reporting System (Physician Quality Reporting) Measures List

| Appendix II - Measure Developer/Contact Information |  |  |
|---|--|--|
| Acronym   | Full Name  | Contact  |
| AHA   | American Heart Association   | e-mail questions and comments to <a href="mailto:guidelinesinfo@heart.org">guidelinesinfo@heart.org</a>  |
| AMA-PCPI  | American Medical Association-sponsored Physician Consortium on Performance Improvement | e-mail questions and comments to the PCPI at <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>  |
| APMA  | American Podiatric Medical Association   | e-mail questions and comments at <a href="http://www.apma.org/s_apma/secmember.asp?CID=421&amp;DID=17174">http://www.apma.org/s_apma/secmember.asp?CID=421&amp;DID=17174</a> |
| ASTRO   | American Society for Therapeutic Radiology and Oncology                                | <a href="http://www.astro.org">http://www.astro.org</a> and click on "Contact Us"  |
| ASH   | American Society of Hematology   | e-mail questions and comments to <a href="mailto:ash@hematology.org">ash@hematology.org</a>  |
| ASCO  | American Society of Clinical Oncology  | <a href="http://www.asco.org">http://www.asco.org</a> and click on "Contact Us"  |
| ASHA  | American Speech Hearing Pathology Association  | e-mail questions and comments to <a href="mailto:rmullen@asha.org">rmullen@asha.org</a>  |
| ASA   | American Stroke Association  | <a href="http://www.heart.org/HEARTORG/General/Contact-Us_UCM_308813_Article.jsp">http://www.heart.org/HEARTORG/General/Contact-Us_UCM_308813_Article.jsp</a>                |
| AQC   | Audiology Quality Consortium   | <a href="http://www.asha.org/advocacy/audiologypgri">http://www.asha.org/advocacy/audiologypgri</a>  |
| CAP   | College of American Pathologists   | e-mail questions and comments to <a href="http://www.cap.org">http://www.cap.org</a>   |
| CMS   | Centers for Medicare & Medicaid Services   | e-mail questions and comments to <a href="mailto:qnetsupport@sdps.org">qnetsupport@sdps.org</a>  |
| QIP   | Quality Insights of Pennsylvania   | e-mail questions and comments to <a href="http://usqualitymeasures.org/gm/contact.aspx">http://usqualitymeasures.org/gm/contact.aspx</a>                                     |
| FOTO  | Focus on Therapeutic Outcomes  | e-mail questions and comments to <a href="mailto:foto@fotoinc.com">foto@fotoinc.com</a>  |
| NCCN  | National Comprehensive Cancer Network  | <a href="http://www.nccn.org/about/contact.asp">http://www.nccn.org/about/contact.asp</a>  |
| NCQA  | National Commission for Quality Assurance  | <a href="http://www.ncqa.org">http://www.ncqa.org</a> and click on "Contact Us"  |
| STS   | The Society of Thoracic Surgeons   | e-mail questions and comments to <a href="mailto:sts@sts.org">sts@sts.org</a>  |
| SVS   | Society of Vascular Surgeons   | e-mail questions and comments at <a href="http://www.vascularweb.org">http://www.vascularweb.org</a>   |

*The symbols provided in this list denote the measure developer/contact responsible for the 2011 Physician Quality Reporting quality measure. Copyright detail for each measure developer is included in the 2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry.*