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| eMeasure ID: CMS122v5  
NQF: 0059  
QualityID: 001 | Diabetes: Hemoglobin A1C (HbA1c) Poor Control (>9%) | Patients 18-75 years of age with diabetes with a visit during the measurement period. | Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%. | Effective Clinical Care | Intermediate Outcome  
High Priority | Internal Medicine  
Preventive Medicine  
General Practice/Family Medicine |
| eMeasure ID: CMS165v5  
NQF: 0018  
QualityID: 236 | Controlling High Blood Pressure | Patients 18-85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year. | The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient’s BP to be controlled, both the systolic and diastolic BP must be <140/90mmHg (adequate control). To determine if a patient’s BP is adequately controlled, the representative BP must be identified. | Effective Clinical Care | Intermediate Outcome  
High Priority | Internal Medicine  
Cardiology  
Obstetrics/Gynecology  
Preventive Medicine  
Thoracic Surgery  
Vascular Surgery  
General Practice/Family Medicine |
| eMeasure ID: N/A  
NQF: 1799  
QualityID: 444 | Medication Management for People with Asthma | Patients 5-64 years of age with persistent asthma and a visit during the measure period. | The number of patients who achieved a proportion of days (PDC) of at least 75% for their asthma controller medications during the measurement year. | Efficiency and Cost Reduction | Process  
High Priority | Allergy/Immunology  
General Practice/Family Medicine  
Pediatrics |
| eMeasure ID: CMS144v5  
NQF: 0083  
QualityID: 008 | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%. | Patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge. | Effective Clinical Care | Process | Cardiology  
Hospitalists  
General Practice/Family Medicine |
| eMeasure ID: CMS166v6  
NQF: 0052  
QualityID: 312 | Use of Imaging Studies for Low Back Pain | Patients 18-50 years of age with a diagnosis of low back pain during an outpatient or emergency department visit. | Patients without an imaging study conducted on the date of the outpatient or emergency department visit or in the 28 days following the outpatient or emergency department visit. | Efficiency and Cost Reduction | Process  
High Priority | Orthopedic Surgery  
Physical Medicine  
General Practice/Family Medicine |
| eMeasure ID: CMS154v4  
NQF: 0069  
QualityID: 065 | Appropriate Treatment for Children with Upper Respiratory Infection (URI) | Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period. | Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection. | Efficiency and Cost Reduction | Process  
High Priority | General Practice/Family Medicine  
Pediatrics |
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<tr>
<td>eMeasure ID: N/A NQF: N/A QualityID: 419</td>
<td>Overuse of Neuroimaging for Patients with Primary Headache and a Normal Neurological Exam</td>
<td>Patients with a diagnosis of primary headache.</td>
<td>Patients with a normal neurological examination for whom advanced brain imaging (CTA, CT, MRA, or MRI) was NOT ordered.</td>
<td>Efficiency and Cost Reduction</td>
<td>Efficiency High Priority</td>
<td>Neurology</td>
</tr>
<tr>
<td>eMeasure ID: N/A NQF: N/A QualityID: N/A</td>
<td>Overuse of Diagnostic Imaging for Simple Syncope</td>
<td>Patients with an outpatient visit (primary care, specialty care, urgent care, etc.) or emergency department visit with a diagnosis for syncope during the measurement period.</td>
<td>Patients within denominator population with a CT or MRI ordered within 30 days of visit.</td>
<td>Alignment Only – Efficiency and Cost Reduction</td>
<td></td>
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</tr>
<tr>
<td>eMeasure ID: N/A NQF: N/A QualityID: 415</td>
<td>Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</td>
<td>All emergency department visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an ED provider.</td>
<td>Emergency department visits for patients who have an indication for a head CT.</td>
<td>Efficiency and Cost Reduction</td>
<td>Efficiency High Priority</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>eMeasure ID: N/A NQF: N/A QualityID: 333</td>
<td>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)</td>
<td>Patients aged 18 years and older with a diagnosis of acute bacterial sinusitis.</td>
<td>Patients who had a CT scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.</td>
<td>Efficiency and Cost Reduction</td>
<td>Efficiency High Priority</td>
<td>Allergy/Immunology Internal Medicine Otolaryngology General Practice/Family Medicine</td>
</tr>
<tr>
<td>eMeasure ID: CMM50v5 NQF: N/A QualityID: 374</td>
<td>Closing the Referral Loop: Receipt of Specialist Report</td>
<td>Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.</td>
<td>Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.</td>
<td>Communication and Care Coordination</td>
<td>Process High Priority</td>
<td>Allergy/Immunology Cardiology Dermatology Emergency Medicine Gastroenterology General Surgery General Oncology Hospitalists Neurology Obstetrics/Gynecology Ophthalmology Orthopedic Surgery Otolaryngology Physical Medicine Preventive Medicine Rheumatology Thoracic Surgery Urology Vascular Surgery Mental/Behavioral Health Plastic Surgery</td>
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<tr>
<td>eMeasure ID: CMS68v6 NQF: 0419 QualityID: 130</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>All visits occurring during the 12 month reporting period for patients aged 18 years and older before the start of the measurement period.</td>
<td>Eligible professional attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration.</td>
<td>Patient Safety</td>
<td>Process High Priority</td>
<td>Allergy/Immunology Internal Medicine Anesthesiology Cardiology Dermatology Emergency Medicine Gastroenterology General Surgery General Oncology Hospitalists Neurology Obstetrics/Gynecology Ophthalmology Orthopedic Surgery Otolaryngology Physical Medicine Preventive Medicine Rheumatology Thoracic Surgery Urology Vascular Surgery Mental/Behavioral Health Plastic Surgery General Practice/Family Medicine</td>
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<tr>
<td>TCPI 01</td>
<td>Documentation of a Comprehensive Health and Life Plan Developed Collaboratively by the Patient and the Health Professional Team</td>
<td>Total number of patients, of all ages, with two or more chronic conditions in each practice.</td>
<td>Number of patients, of all ages, with two or more chronic conditions in each practice for whom a comprehensive health and life plan is documented in the clinical record at each visit.</td>
<td>NQS Priority: Strengthen Person and Family Engagement</td>
<td>Process</td>
<td></td>
</tr>
<tr>
<td>TCPI 02</td>
<td>Referral of At-risk Patients to Community Based Prevention and Support Resources</td>
<td>Number of at-risk patients of all ages.</td>
<td>Number of at-risk patients, of all ages, referred to local community resources.</td>
<td>NQS Priority: Work with communities to promote best practices of healthy living</td>
<td>Process</td>
<td></td>
</tr>
</tbody>
</table>
| TCPI 03   | Medication Management                                                        | All patients regardless of age.                                            | The number of patients, regardless of age, who received medication management services to include the following data:  
  • Medications prescribed by any clinician  
  • New medications to include: medications the patient has taken previously and are being re-started, medications the patient has not taken before  
  • Any changes in medication regimen (change in dose, frequency, duration)  
  • Any over the counter medications, vitamins, or herbal preparations  
  • Review of allergies, including food-related allergies | NQS Priority: Make Care Safer by Reducing Harm, Communication and Coordination of Care | Process                         |                           |
| eMeasure ID: CMS2v6 NQF: 0418 QualityID: 134 | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | All patients aged 12 years and older.                                      | Patient’s screening for clinical depression using an age appropriate standardized tool AND follow-up plan is documented. | Community/ Population Health | Process                         | Internal Medicine Mental/Behavioral Health General Practice/Family Medicine Pediatrics |

*Note: Two of the Compass PTN Measures listed above are TCPI Common Measures*
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<tr>
<td>eMeasure ID: N/A NQF: N/A QualityID: 402</td>
<td>Tobacco Use and Help with Quitting Among Adolescents</td>
<td>All patients aged 12-20 years with a visit during the measurement period.</td>
<td>Patients who were screened for tobacco use at least once within 18 months (during the measurement period or the six months prior to the measurement period) AND who received tobacco cessation counseling intervention if identified as a tobacco user.</td>
<td>Community/ Population Health</td>
<td>Process</td>
</tr>
</tbody>
</table>
| eMeasure ID: N/A NQF: 2597 QualityID: N/A *Measures in Composite NQF:0028; QualityID: 226 and NQF:2152; QualityID:431 | Substance Use Screening and Intervention Composite | All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the 12-month measurement period. | Patients who received the following substance use screenings at least once within the last 24 months AND who received an intervention for all positive screening results:  
- Tobacco use component  
  o Patients who were screened for tobacco use at least once within the last 24 months AND who received tobacco cessation intervention if identified as a tobacco user;  
- Unhealthy alcohol use component  
  o Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user; and  
- Drug use component (nonmedical prescription drug use and illicit drug use)  
  o Patients who were screened for nonmedical prescription drug use and illicit drug use at least once within the last 24 months using a systematic screening method AND who received brief counseling if identified as a nonmedical prescription drug user or illicit drug user. | Community/ Population Health       | Process                                |

Last updated: March 2, 2017