QUALITY MEASURES FOR PRIMARY CARE

The following metrics should be used as general guidelines. To review details and exclusions to each measure (available for purchase from NCQA), visit http://bit.ly/2oG7ufl. Key: $\mathbf{C} = \mathbf{C}$ ommercial, $\mathbf{D} = \mathbf{M}$ edicai \mathbf{D} , and $\mathbf{E} = \mathbf{M}$ edicar \mathbf{E} .

SCREENING, PREVENTION, AND MEDICATION SAFETY METRICS

Age range	Measurement	Source(s)	HEDIS applies to
All ages	Immunizations	IHA, HEDIS	C, D, E
	PERFORM age-appropriate recommended immunizations.		
< 2 years	Lead screening in children	HEDIS	D
	PERFORM lead testing before age 2.		
3-17 years	Weight assessment and counseling for nutrition and physical activity for children/adolescents	Collaborative,	C, D
	PERFORM BMI and counseling for nutrition and physical activity.	HEDIS, IHA	
	REPORT ICD-10/CPT CODES for BMI, Z68.51-Z68.54; nutrition counseling, Z71.3 and 97802-97804; and exercise counseling, V65.41.		
≥ 12 years	Depression screening and follow-up for adolescents and adults	HEDIS (2018	C, D, E
	PERFORM a PHQ-9/PHQ-A and, if screened positive, provide appropriate follow-up care within 30 days.	measure)	
16-24 years	Chlamydia screening	HEDIS, IHA	C, D
	PERFORM chlamydia testing for sexually active female patients.		
≥ 18 years	Adult BMI assessment	Collaborative,	C, D, E
	CALCULATE BMI at visit yearly (HEDIS, IHA).	HEDIS, IHA	
	RECOMMEND a follow-up plan for abnormal BMI ranges (Collaborative):		
	• Normal BMI ≥ 18.5 and < 25.		
≥ 18 years	Medication reconciliation post-inpatient discharge	Collaborative	
	RECONCILE medications at a follow-up visit within 30 days of discharge from a hospital, skilled nursing facility, or rehabilitation facility.		
21-64 years	Cervical cancer screening	Collaborative,	C, D
	DO NOT perform a pap smear if patient's age is < 21 years.	HEDIS, IHA	
	PERFORM a pap smear without HPV co-testing within the past 3 years for patients ages 21 to 64.		
	PERFORM a pap smear with HPV co-testing within the past 5 years for patients ages 30 to 64.		
46-79 years	Aspirin use and discussion	HEDIS	C, D
	PERFORM discussion of risks and benefits of preventive aspirin use in men age 46 to 79 and women age 56 to 79.		
50-74 years	Breast cancer screening	Collaborative,	C, D, E
	PERFORM a mammogram within the past 27 months (Oct. 1 two years prior to the current year through Dec. 31 of the current year).	HEDIS, IHA	
50-75 years	Colorectal cancer screening	Collaborative,	C, E
	PERFORM a colonoscopy in the past 10 years, flexible sigmoidoscopy in the past 5 years, or fecal occult blood test annually.	HEDIS, IHA	
65-85 years	Osteoporosis testing in older women	HEDIS	E
	PERFORM at least one DEXA scan in women ages 65 to 85.		
≥70 years	Non-recommended PSA-based screening in older men	HEDIS	E
	DO NOT order a screening PSA for men ≥ 70 years old.		





 $\textbf{\textit{FPM Toolbox}} \ \ \text{To find more practice resources, visit https://www.aafp.org/fpm/toolbox}.$

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CHRONIC CARE METRICS

Age range	Measurement	Source(s)	HEDIS applies to
CARDIOVAS	CULAR		
≥ 18 years	Annual monitoring for patients on persistent medications (ACE/ARBs, diuretics, digoxin)	HEDIS, IHA	C, D, E
•	ORDER a lab panel containing serum potassium and creatinine (e.g., BMP or CMP) annually for patients on ACE/ARBs and/or diuretics.		
	ORDER digoxin level and serum potassium and creatinine annually for patients on digoxin.		
≥ 18 years	Persistence of beta-blocker treatment after heart attack	Collaborative,	C, D, E
	CONFIRM beta-blocker use/prescription in patients diagnosed with acute myocardial infarction (MI) after hospital discharge.	HEDIS	
≥ 18 years	Aspirin or other antithrombotic use by people with ischemic vascular disease	Collaborative	C, D, E
	CONFIRM aspirin or other antithrombotic use/prescription in patients diagnosed with acute MI or who have undergone CABG or PCI after hospital discharge.		
18-85 years	Controlling high blood pressure	Collaborative,	C, D, E
	ACHIEVE blood pressure control in hypertensive patients, defined as:	HEDIS, IHA	
	• Ages 18-59: < 140/90 mmHg,		
	• Ages 60-85 with a diagnosis of diabetes: < 140/90 mmHg,		
	• Ages 60-85 without a diagnosis of diabetes: < 150/90 mmHg.		
21-75 years	Statin therapy for patients with cardiovascular disease	HEDIS, IHA	C, D, E
,	PRESCRIBE a moderate or high-intensity statin for patients with atherosclerotic cardiovascular disease in males age 21 to 75 and females age 40 to 75.		
DIABETES		ı	ı
18-75 years	Comprehensive diabetes care	Collaborative,	C, D, E
	ORDER an A1C.	HEDIS, IHA	
	ACHIEVE an A1C of < 8 percent (Collaborative, HEDIS).		
	REDUCE the number of patients with an A1C of > 9 percent.		
	REFER patient for annual retinal eye exam (Collaborative, HEDIS).		
	ORDER nephropathy screening/monitoring and/or PRESCRIBE ACE/ARB therapy.		
	ACHIEVE blood pressure of < 140/90 mmHg.		
	PERFORM foot exam (visual, monofilament, pulse exams) (Collaborative).		
40-75 years	Statin therapy for patients with diabetes	HEDIS, IHA	C, D, E
,	PRESCRIBE any intensity statin in patients with diabetes.	,	, ,
RESPIRATOR			
5-85 years	Medication management for people with asthma	Collaborative,	C, D, E
,	PRESCRIBE appropriate medications in patients diagnosed with persistent asthma.	HEDIS	, ,
≥ 40 years	Use of spirometry testing in the assessment and diagnosis of COPD	HEDIS	C, D, E
,	ORDER/PERFORM spirometry testing in patients to confirm a new or newly active COPD diagnosis.		
RHEUMATO			
> 18 years	Disease modifying anti-rheumatic drug (DMARD) therapy for rheumatoid arthritis	HEDIS	C, D, E
,	PRESCRIBE DMARD or REFER to rheumatology for DMARD prescription to treat rheumatoid arthritis.		, ,
67-85 years	Osteoporosis management in women who have had a fracture	HEDIS	E
,	ORDER a DEXA scan or PRESCRIBE a medication to treat osteoporosis within 6 months after		
	the fracture.		
BEHAVIORA	L HEALTH		
6-12 years	Follow-up care for children prescribed ADHD medication	HEDIS	C, D
	SCHEDULE a follow-up visit within 30 days of starting a new ADHD medication. SCHEDULE two additional follow-up visits nine months after starting.		
≥ 12 years	Utilization of the PHQ-9 to monitor depression symptoms for adolescents and adults	Collaborative,	C, D, E
	PERFORM a PHQ-9/PHQ-A at least once during a four-month period in a patient diagnosed with major depression or dysthymia.	HEDIS	

Age range	Measurement	Source(s)	HEDIS applies to
BEHAVIORA	L HEALTH		
≥ 12 years	Depression remission or response for adolescents and adults PERFORM a follow-up PHQ-9/PHQ-A to evaluate response or remission: • within 5-7 months of a previous elevated PHQ score (HEDIS), • within 12 months of an initial PHQ-9 score of > 9 (Collaborative).	Collaborative, HEDIS	C, D, E
≥ 13 years	Initiation and engagement of alcohol and other drug dependence treatment PRESCRIBE MEDICATION, COUNSEL, or REFER for treatment of alcohol or other drug dependence within 14 days of diagnosis. Patient needs to receive at least two additional services within 30 days of treatment initiation.	HEDIS	C, D, E
≥ 18 years	Medical assistance with smoking cessation PRESCRIBE MEDICATION and/or COUNSEL patient to assist with smoking cessation.	Collaborative, HEDIS	C, D, E

ACUTE CARE METRICS

Age range	Measurement	Source(s)	HEDIS applies to
3 months -	Appropriate treatment of children with upper respiratory infection (URI)	HEDIS	C, D
18 years	DO NOT prescribe antibiotics for URI within three days of diagnosis.		
3-18 years	Appropriate testing of children with pharyngitis	HEDIS, IHA	C, D
	PERFORM a strep test when patient is diagnosed with pharyngitis AND prescribed an antibiotic.		
18-50 years	Use of imaging studies for low back pain	Collaborative,	C, D
	DO NOT order an imaging study for uncomplicated low-back pain within 28 days of the diagnosis.	HEDIS, IHA	
18-64 years	Avoidance of antibiotic treatment in adults with acute bronchitis	Collaborative,	C, D
	DO NOT prescribe antibiotics for acute bronchitis within three days of diagnosis unless patient has a co-morbid condition:	HEDIS, IHA	
	Co-morbid conditions include bronchiectasis, COPD, chronic bronchitis, emphysema, cystic fibrosis, sickle cell disease, HIV, cancer, and tuberculosis.		
	Co-morbid conditions do not include asthma, diabetes, and tobacco use.		

OLDER ADULT CARE METRICS (≥ 65 YEARS)

Measurement	Source	HEDIS applies to
Fall risk management	HEDIS	E
ASK if the patient has had any falls in the past 12 months.		
DISCUSS falls or problems with balance or walking.		
TREAT balance or walking problems.		
RECOMMEND how to prevent falls.		
Management of urinary incontinence in older adults	HEDIS	Е
ASK if the patient has had urinary incontinence symptoms in the past six months and how it affects his or her life.		
DISCUSS treatment options.		
Physical activity in older adults	HEDIS	Е
ASK about the patient's level of exercise or physical activity.		
ADVISE the patient to start, increase, or maintain his or her level of exercise or physical activity.		
Medication review	HEDIS	D with E, or E
RECONCILE prescription and non-prescription drugs, vitamins, herbal remedies, and other supplements at least once		
a year.		
Special needs plan care management	HEDIS	D with E, or E
PERFORM a Health Risk Assessment once a year.		
Functional status assessment	HEDIS	D with E, or E
PERFORM an evaluation of activities of daily living once a year.		
Pain screening	HEDIS	D with E, or E
PERFORM a pain screening evaluation or DOCUMENT a pain management plan at least once a year.		
Advance care planning	HEDIS	D with E, or E
DOCUMENT advance care planning discussion or INCLUDE the patient's advance care plan in the medical record.		