		NACIA						Care	High-priority	High-priority settings and		and clinical focus	or source information on measure	setting(s) where this measure is currently					
	hat is your						Efficiency and system	transitions and coordinatio	settings and clinical focus areas: behavioral	clinical focus areas: post- acute care	High-priority settings and clinical focus areas: community and	and hospital outpatient surgical	methodology from which SQAC staff may assess the validity and	being utilized (e.g. healthcare system, reporting entity, or					
ful	II name?	represent?		Measure Name	Measure Description	Steward	performance	n	health	settings	population health	centers	practicality of this	academic/research					Additional comments
				Voluntary Consensus				Care	settings and		High-priority settings			1	2	3	4	5	Open-Ended Response
				Standards for the	The Consensus Standards are not			transitions	clinical focus		and clinical focus areas:		http://www.tresearch.or						
		MASBIRT		Treatment of	measures. Measures based on the			and	areas: behavioral		community and		g/centers/nqf_docs/NQF						
1 Ali	issa Cruz	Program		Substance Use	standards may be created in the future.	NQF		coordination	health		population health		_Crosswalk.pdf	healthcare systems					
					hospitals and include inpatient mortality														
					for certain procedures and medical														
					conditions; utilization of procedures for														
			IOI	Inpatient Quality Indicators (IQIs)	which there are questions of overuse, underuse, and misuse; and volume of														
An	nn	MassHealth		Esophageal	codes for a procedure for esophogeal														
2 Lav	wthers	Quality Office	IQI 01	Resection Volume		AHRQ													
An	nn	MassHealth		Pancreatic Resection	codes for pancreatic resection (a														
		Quality Office	IQI 02	Volume	complex operation used to treat	AHRQ													
An		MassHealth		Aneurysm (AAA)	an abdominal aortic aneurysm (AAA)														
4 Lav		Quality Office MassHealth		Repair Volume Bypass Graft (CABG)	repair procedure and a principal or Discharges, age 18 years and older, with	AHRQ				ļ									
		Quality Office	IQI 05	Volume	code for CABG (heart bypass) procedure.	AHRO							1						
An		MassHealth	101 05	Transluminal	Discharges, age 18 years and older, with	Arma													
6 Lav	wthers	Quality Office	IQI 06		a code for PTCA (heart angioplasty)	AHRQ													
An	nn	MassHealth		Endarterectomy	a code for carotid endarterectomy														
		Quality Office	IQI 07	Volume	(removal of blockages in blood vessels to	AHRQ													
An		MassHealth		Resection Mortality	discharges with a procedure for														
8 Lav		Quality Office MassHealth	IQI 08	Rate Pancreatic Resection	esophageal resection Number of deaths per 100 pancreatic	AHRQ													
		Quality Office	IQI 09	Mortality Rate	resections for cancer	AHRQ													
An		MassHealth	101 05	Aneurysm (AAA)	resections for carreer	Arma													
10 La	wthers	Quality Office	IQI 11		Number of deaths per 100 AAA repairs	AHRQ													
An		MassHealth		Bypass Graft (CABG)	Number of deaths per 100 CABG (heart														
	wthers		IQI 12	Mortality Rate	bypass)	AHRQ													
12 La		MassHealth Quality Office	IQI 13	Craniotomy Mortality Rate	Number of deathsper 100 among craniotomy (brain surgery) cases	AHRQ													
An		MassHealth	IQI 13	Hip Replacement	Number of deaths per 100 among hip	AFINQ													
		Quality Office	IQI 14	Mortality Rate	replacement cases	AHRQ													
An	nn	MassHealth		Infarction (AMI)	Number of deaths per 100 among AMI														
		Quality Office	IQI 15	Mortality Rate.	(heart attack) cases	AHRQ													
An		MassHealth		Failure (CHF)	Number of deaths per 100 among CHF														
15 Lav	wthers	Quality Office MassHealth	IQI 16	Mortality Rate Acute Stroke	cases Number of deaths per 100 among acute	AHRQ													
			IQI 17	Mortality Rate	stroke cases	AHRQ													
An		MassHealth		Hemorrhage	Number of deaths per 100 among cases														
17 La	wthers	Quality Office	IQI 18	Mortality Rate	gastrointestinal bleeding	AHRQ													
An		MassHealth		Hip Fracture	fracture cases, age 65 years and older, in														
	wthers	Quality Office MassHealth	IQI 19	Mortality Rate	a one year time period Number of deaths per 100 among	AHRQ													
An 19 Lav			IQI 20	Pneumonia Mortality Rate	pneumonia cases	AHRQ							1						
An		MassHealth	. 4. 20	Cesarean Delivery	deliveries, excluding breech				1			1	1						
20 La	wthers	Quality Office	IQI 21	Rate	presentation, multiple pregnancy (e.g.,	AHRQ]						
An		MassHealth		Cesarean (VBAC)	uncomplicated deliveries in women with								1						
				Delivery Rate,	a prior Cesarean section	AHRQ			1	1			 						
An 22 Lav		MassHealth Quality Office		Cholecystectomy Rate	cholecystectomies (gall bladder removal) per 100 cases of gall bladder surgery	AHRQ							1						
An		MassHealth	2. 20	Appendectomy in	Number of incidental appendectomies				†	1		1	 						
			IQI 24	the Elderly Rate	per 100 abdominal surgeries.	AHRQ													
An		MassHealth		Bilateral Cardiac	catheterizations with simultaneous right														
			IQI 25		and left heart (bilateral) heart	AHRQ			1	1		-	 						
An 25 Lav		MassHealth Quality Office	IQI 26	Rate	Number of deaths per 100 CABG (heart bypass), area-level indicator	AHRQ													
An		MassHealth	. 4. 20	Transluminal	(heart angioplasty) cases, area-level				1										
		Quality Office	IQI 27	Coronary Angioplasty		AHRQ													
An		MassHealth			hospital admissions among adult	l													
27 La	wthers	Quality Office	IQI 28	Hysterectomy Rate	females, area-level indicator	AHRQ					<u>i</u>	l	I				1		

	,										
	Ann	MassHealth	Laminectomy or	fusions per 100 hospital admissions							
28	8 Lawthers	Quality Office	IQI 29 Spinal Fusion Rate								
	Ann	MassHealth	Transluminal	Number of deaths per 100 among PTCA							
29	9 Lawthers	Quality Office	IQI 30 Coronary Angiopl								
	Ann	MassHealth	Endarterectomy	carotid endarterectomy (removal of							
30	Lawthers	Quality Office	IQI 31 Mortality Rate	blockages in blood vessels to brain) cases AHRQ							
	Ann	MassHealth	Infarction (AMI)	(heart attack) cases, excluding transfer							
33	1 Lawthers	Quality Office	IQI 32 Mortality Rate,	cases AHRQ							
	Ann	MassHealth	Primary Cesarean	Number of vaginal births per 100							
32	2 Lawthers	Quality Office	IQI 33 Delivery Rate	uncomplicated deliveries AHRQ							
	Ann	MassHealth	Cesarean (VBAC)	uncomplicated deliveries in women with							
33	3 Lawthers	Quality Office	IQI 34 Rate, All	a prior Cesarean section, area-level AHRQ							
			Experimental Qua	lity analogous to AHRQ Patient Safety							
			EXP Indicators	Indicators (PSIs) and track complication							
	Ann	MassHealth	Complications of	Number of anesthesia complications per							
34	4 Lawthers	Quality Office	EXP 1 Anesthesia	100 surgical cases AHRQ							
	Ann	MassHealth	Rate - Cesarean	complications per 100 Cesarean							
35	5 Lawthers	Quality Office	EXP 2 Delivery	deliveries AHRQ							
			Patient Safety	hospital complications and adverse							
			PSI Indicators (PSIs)	events following surgeries, procedures,							
	Ann	MassHealth	Mortality Diagnos								
36	5 Lawthers	Quality Office	PSI 02 Related Groups	DRGs with less than 0.5% mortality rate. AHRQ		1					
	Ann	MassHealth		Number of patients with pressure ulcers							
37		Quality Office	PSI 03 Pressure Ulcer Ra			1					1
	Ann	MassHealth	Surgical Inpatient			1					
38		Quality Office	PSI 04 with Serious	complications (pneumonia, deep vein AHRQ		1					1
	Ann	MassHealth	Body Left During	Number of times that a foreign body is							
39	Lawthers	Quality Office	PSI 05 Procedure	left during a surgical procedures AHRQ							
	Ann	MassHealth	latrogenic	discharges, 18 years and older, with a							
40	Lawthers	Quality Office	PSI 06 Pneumothorax Ra								
	Ann	MassHealth	Catheter-Related	per 100 cases with central venous							
4:	1 Lawthers	Quality Office	PSI 07 Blood Stream	catheters AHRQ							
	Ann	MassHealth	Postoperative Hip	cases who fracture their hips post-							
42	2 Lawthers	Quality Office	PSI 08 Fracture Rate	operatively AHRQ							
	Ann	MassHealth	Hemorrhage or	cases who suffer hemorrhage (bleeding)							
43		Quality Office	PSI 09 Hematoma Rate	or hematoma (internal bleeding) AHRQ							
		MassHealth	Physiologic and	cases who suffer serious diabetic or		İ					+
44	4 Lawthers	Quality Office	PSI 10 Metabolic	kidney function derangements AHRQ							
	Ann	MassHealth	Respiratory Failur			İ					+
4"	5 Lawthers	Quality Office	PSI 11 Rate	ventilation AHRQ							
	Ann	MassHealth	Pulmonary Embol			İ					+
46		Quality Office	PSI 12 or Deep Vein	pulmonary embolism AHRQ							
	Ann	MassHealth	Postoperative Ser								-
4		Quality Office	PSI 13 Rate	infection) AHRQ							
	Ann	MassHealth	Wound Dehiscend	,							-
45	B Lawthers	Quality Office	PSI 14 Rate	an abdominal wound AHRQ		1					
	Ann	MassHealth	Accidental Punctu		1	1			-	+ +	+
40		Quality Office	PSI 15 or Laceration Rate	-		1					1
		MassHealth	Transfusion React			1				+ + + -	+
50		Quality Office	PSI 16 Volume	reaction AHRQ		1					1
- 30	Ann	MassHealth	Birth Trauma – In			1			-	+ + + -	+
51		Quality Office	PSI 17 to Neonate	birth trauma AHRQ		1					1
3.		·			1	+				+ +	+
	Ann	MassHealth	Rate- Vaginal	delivery with instrument who suffer 3 rd		1					
52	2 Lawthers	Quality Office	PSI 18 Delivery With	and 4 th degree obstetric trauma AHRQ	ļ	ļ					
	Ann	MassHealth	Rate – Vaginal	delivery without instrument who suffer							
53		Quality Office	PSI 19 Delivery Without	3 rd and 4 th degree obstetric trauma AHRQ		1					
		MassHealth	Foreign Body Left			1]				
54	4 Lawthers	Quality Office	PSI 21 During Procedure	among all discharges, area-level indicator AHRQ				 			
		MassHealth	latrogenic	with iatrogenic pneumothorax (provider-		1		 			
55	5 Lawthers	Quality Office	PSI 22 Pneumothorax Ra	te causes collapsed lung), area-level AHRQ		<u> </u>		 			
	Ann	MassHealth	Catheter-Related	per 100 cases with central venous		1		 			
56	Lawthers	Quality Office	PSI 23 Blood Stream	catheters, area-level indicator AHRQ		<u> </u>	<u> </u>	 		<u>1 </u>	
	Ann	MassHealth	Wound Dehiscend	e surgical cases who require re-closure of					_		
57	7 Lawthers	Quality Office	PSI 24 Rate	an abdominal wound, area-level AHRQ		<u> </u>	<u> </u>	 		<u> </u>	<u> </u>
	Ann	MassHealth	Accidental Punctu	re surgical cases with accidental cut,							
58	BLawthers	Quality Office	PSI 25 or Laceration Rate	puncture, perforation, or laceration, area AHRQ		<u> </u>	<u> </u>	 		<u> </u>	<u> </u>
	Ann	MassHealth	Transfusion React	ion hospitalizations with blood transfusion							
59	9 Lawthers	Quality Office	PSI 26 Rate	reaction, area-level indicator AHRQ		1					1
	•		•			 					

	Ann	MassHealth		Hemorrhage or	cases who suffer hemorrhage (bleeding)											
60	Lawthers	Quality Office	PSI 27	Hematoma Rate	or hematoma (internal bleeding), area-	AHRQ										
					"ambulatory care sensitive conditions."											
					These are conditions for which good											
					outpatient care can potentially prevent											
				Prevention Quality	the need for hospitalization or for which											
			PQI	·	· ·	AHRQ										
			rųi	Indicators	early intervention can prevent	AHNQ					-					
	Ann	MassHealth		Complications	short-tem diabetes complications, area-							Maine Health, ONC				
61	Lawthers	Quality Office	PQI 1	Admission Rate (PQI	level indicator	AHRQ						Beacon				
	Ann	MassHealth		pulmonary disease	admitted for asthma or emphysema,											
62	Lawthers	Quality Office	PQI 5	(PQI 5)	area-level indicator	AHRQ						ACO, Maine Health				
	Ann	MassHealth		Failure Admission	Portion of area residents admitted for							ACO, Maine Health,				
63	Lawthers	Quality Office	PQI 8	Rate (PQI 8)	heart failure, area-level indicator	AHRQ						ONC Beacon				
	Ann	MassHealth		Adult asthma (PQI	Portion of area residents ages 18-40							Maine Health, ONC				
64	Lawthers	Quality Office	PQI 15	15)	admitted for asthma, area-level indicator	AHRQ						Beaon				
	Ann	MassHealth		Screening for Clinical	older screened for clinical depression											
65	Lawthers	Quality Office		Depression	using a standardized tool and follow up	CMS						ACO				
0.	Ann											ACO				
		MassHealth		prior to 39	Percentage of babies electively delivered											
66	Lawthers	Quality Office		completed weeks	prior to 39 completed weeks gestation	ion of										
	Ann	MassHealth		Appropriate Use of	during pregnancy at any time prior to	ce St.										
67	Lawthers	Quality Office		Antenatal Steroids	delivery of a preterm infant	Vincent										
1					with a diagnosis of HIV/AIDS with at least											
1	Ann	MassHealth		HIV/AIDS: Medical	one medical visit in each 6 month period											
68	Lawthers	Quality Office		Visit	with a minimum of 60 days between	NCQA										
	Ann	MassHealth		Antipsychotics for	antipsychotics among members with	CMS-						İ				
69	Lawthers	Quality Office		Individuals with	schizophrenia during the measurement	QMHAG										
		, 0	1	of Transition Record	discharged from an inpatient facility to	~						 			+	
1				(Inpatient Discharges	home or any other site of care for whom											
	Ann	MaccHealth			*	A B 4 A										
	Ann	MassHealth			a transition record was transmitted to	AMA-										
70	Lawthers	Quality Office		Any Other Site of	the facility or primary physician or other	PCPI						Pediatric Hospital				
			Health	appointment for	plan members that assesses the quality							National CAHPS				
			Plan	routine health care in	of care and services they receive. Level							Benchmarking				
	Ann	MassHealth	Survey	the last 12 months	of analysis: health plan – HMO, PPO,							Database (State Data				
71	Lawthers	Quality Office	4.0 -	who got	Medicare, Medicaid, commercial	AHRQ						Source)				
			Health	appointment for	plan members that assesses the quality							National CAHPS				
			Plan		of care and services they receive. Level							Benchmarking				
	Ann	MassHealth	Survey		of analysis: health plan – HMO, PPO,							Database (State Data				
72	Lawthers	Quality Office	4.0 -	who got	Medicare, Medicaid, commercial	AHRQ						Source)				
/ 2	Lawtiicis	Quality Office		_		Aima						·				
			Health	care right away for	plan members that assesses the quality							National CAHPS				
			Plan	an illness, injury, or	of care and services they receive. Level							Benchmarking				
	Ann	MassHealth	Survey		of analysis: health plan – HMO, PPO,							Database (State Data				
7:	Lawthers	Quality Office	4.0 -	12 months who got	Medicare, Medicaid, commercial	AHRQ						Source)				
			Health	care right away for	plan members that assesses the quality							National CAHPS				
			Plan	an illness, injury, or	of care and services they receive. Level							Benchmarking				
	Ann	MassHealth	Survey	condition in the last	of analysis: health plan – HMO, PPO,							Database (State Data				
74	Lawthers	Quality Office	4.0 -	12 months who got	Medicare, Medicaid, commercial	AHRQ						Source)				
	1	·	Health	Adults who had a	30-question core survey of adult health											
			Plan	doctor's office or	plan members that assesses the quality							National CAHPS				
1			Survey	clinic visit in the last	of care and services they receive. Level							Benchmarking				
1	Ann	MassHealth	4.0 -		of analysis: health plan – HMO, PPO,											
	Ann			12 months whose		ALIDO						Database (State Data				
75	Lawthers	Quality Office	Adult	health providers	Medicare, Medicaid, commercial	AHRQ		_				Source)		-		
1			Health	Children who had a	30-question core survey of adult health											
1			Plan	doctor's office or	plan members that assesses the quality							National CAHPS				
1			Survey	clinic visit in the last	of care and services they receive. Level							Benchmarking				
1	Ann	MassHealth	4.0 -	12 months whose	of analysis: health plan – HMO, PPO,							Database (State Data				
76	Lawthers	Quality Office	Adult	health providers	Medicare, Medicaid, commercial	AHRQ						Source)				
	İ	<u> </u>	Health	doctor's office or	plan members that assesses the quality					1		National CAHPS			- 1	
			Plan		of care and services they receive. Level							Benchmarking				
	Ann	MassHealth			of analysis: health plan – HMO, PPO,							Database (State Data				
			Survey v 4.0 -			AHDO										
L ''	Lawthers	Quality Office		health providers	Medicare, Medicaid, commercial	AHRQ		_				Source)	_	-		
1			Health	doctor's office or	plan members that assesses the quality							National CAHPS				
			Plan	clinic visit in the last	of care and services they receive. Level							Benchmarking				
1	Ann	MassHealth	Survey		of analysis: health plan – HMO, PPO,							Database (State Data				
78	Lawthers	Quality Office	4.0 -	health providers	Medicare, Medicaid, commercial	AHRQ		l				Source)				
			Health	doctor's office or	plan members that assesses the quality							National CAHPS				
1			Plan	clinic visit in the last	of care and services they receive. Level							Benchmarking				
1	Ann	MassHealth	Survey		of analysis: health plan – HMO, PPO,							Database (State Data				
70	Lawthers	Quality Office	4.0 -	health providers	Medicare, Medicaid, commercial	AHRQ						Source)				
	LUTVINCIS	addity Office	7.0	cartii providers	ca.ca.c, Mcalcala, commercial	, and	ll				1	500.00/				

1			Health doctor's office or	plan members that assesses the quality					National CAHPS			
			Plan clinic visit in the last	of care and services they receive. Level					Benchmarking			
	Ann	MassHealth	Survey v 12 months whose	of analysis: health plan - HMO, PPO,					Database (State Data			
80	Lawthers	Quality Office	4.0 - health providers	Medicare, Medicaid, commercial	AHRQ				Source)			
	Lawtileis	quanty office			7				National CAHPS			
				plan members that assesses the quality								
			Plan clinic visit in the last	of care and services they receive. Level					Benchmarking			
	Ann	MassHealth	Survey v 12 months whose	of analysis: health plan – HMO, PPO,					Database (State Data			
81	Lawthers	Quality Office	4.0 - health providers	Medicare, Medicaid, commercial	AHRQ				Source)			
			Health doctor's office or	plan members that assesses the quality					National CAHPS			
			Plan clinic visit in the last	of care and services they receive. Level					Benchmarking			
	Ann	MassHealth	Survey v 12 months whose	of analysis: health plan – HMO, PPO,					Database (State Data			
82	Lawthers	Quality Office	4.0 - health providers	Medicare, Medicaid, commercial	AHRQ				Source)			
- 02	Lawaicis	Quality Office	Health doctor's office or		Anna				National CAHPS			
				plan members that assesses the quality								
			Plan clinic visit in the last	of care and services they receive. Level					Benchmarking			
	Ann	MassHealth	Survey v 12 months whose	of analysis: health plan – HMO, PPO,					Database (State Data			
83	Lawthers	Quality Office	4.0 - health providers	Medicare, Medicaid, commercial	AHRQ				Source)			
			Health by adults who had a	plan members that assesses the quality					National CAHPS			
			Plan doctor's office or	of care and services they receive. Level					Benchmarking			
	Ann	MassHealth	Survey v clinic visit in the last	of analysis: health plan – HMO, PPO,					Database (State Data			
8.4	Lawthers	Quality Office	4.0 - 12 months.	Medicare, Medicaid, commercial	AHRQ				Source)			
- 34		addinct Office			Q		 	+	· · · · · · · · · · · · · · · · · · ·		 	
				plan members that assesses the quality					National CAHPS			
	1.		Plan a doctor's office or	of care and services they receive. Level					Benchmarking			
	Ann	MassHealth	Survey v clinic visit in the last	of analysis: health plan – HMO, PPO,					Database (State Data			
85	Lawthers	Quality Office	4.0 - 12 months.	Medicare, Medicaid, commercial	AHRQ				Source)			
			Health doctor's office or	plan members that assesses the quality		T			National CAHPS			
			Plan clinic visit in the last	of care and services they receive. Level					Benchmarking			
	Ann	MassHealth	Survey v 12 months whose	of analysis: health plan – HMO, PPO,					Database (State Data			
86	Lawthers	Quality Office	4.0 - health providers	Medicare, Medicaid, commercial	AHRQ				Source)			
30		addinct Office	ED Arrival to ED	department arrival to time of departure	Q		 		Maine Health, MU	+		
		Manallatin										
1 .	Ann	MassHealth	Departure for	from the emergency room for patients					CA Hospitals, MU			
87	Lawthers	Quality Office	+ + + + + + + + + + + + + + + + + + + +	admitted to the facility from the	CMS		 		stage 1			
			to ED Departure	time of departure from the emergency					Maine Health, MU			
	Ann	MassHealth	Time for Admitted	department for emergency department					CA Hospitals, MU			
88	Lawthers	Quality Office	Patients	patients admitted to inpatient status	CMS				stage 1			
				older discharged from any inpatient								
				Itacility (e.g. hospital skilled nursing								
				facility (e.g. hospital, skilled nursing								
		NAIIIN	Mandianatan	facility, or rehabilitation facility) and								
	Ann	MassHealth	Medication	facility, or rehabilitation facility) and seen within 60 days following discharge								
89	Ann Lawthers	MassHealth Quality Office	Medication Reconciliation	facility, or rehabilitation facility) and	NCQA				ACO			
89				facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma	NCQA				ACO Pediatric Hospital,			
89				facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing	NCQA							
89				facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma					Pediatric Hospital,			
89			Reconciliation	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were					Pediatric Hospital, Hospital Compare,			
	Ann	Quality Office MassHealth	Reconciliation CAC -1: Use of relievers for	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for	The Joint Commiss				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality			
	Lawthers	Quality Office	Reconciliation CAC -1: Use of	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma	The Joint				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures			
	Ann	Quality Office MassHealth	Reconciliation CAC -1: Use of relievers for inpatient asthma	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma	The Joint Commiss				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital,			
	Ann	Quality Office MassHealth	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were	The Joint Commiss ion				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare,			
	Ann Lawthers	Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of	The Joint Commiss ion				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute			
90	Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic	The Joint Commiss ion The Joint Commiss				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality			
90	Ann Lawthers	Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of	The Joint Commiss ion				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute			
90	Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic	The Joint Commiss ion The Joint Commiss				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality			
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90	Ann Lawthers Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient/caregiver, prior to or upon	The Joint Commiss ion The Joint Commiss ion The Joint Commiss				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			
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90	Ann Lawthers Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver Prophylactic Antibiotics -	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient/caregiver, prior to or upon discharge.	The Joint Commiss ion The Joint Commiss ion The Joint Commiss				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			
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90	Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver Prophylactic Antibiotics - Administering Physician Prophylactic Antibiotic: First OR	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient/caregiver, prior to or upon discharge. years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, years and older undergoing procedures with the indications for a first OR second	The Joint Commiss ion The Joint Commiss ion The Joint Commiss ion AMA-PCPI				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			
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90 91 92 93	Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver Prophylactic Antibiotics - Administering Physician Prophylactic Antibiotic: First OR Second Generation Cephalosporin	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient, was given to the patient/caregiver, prior to or upon discharge. years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for	The Joint Commiss ion The Joint Commiss ion The Joint Commiss ion AMA-PCPI				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			
90 91 92 93	Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver Prophylactic Antibiotics - Administering Physician Prophylactic Antibiotic: First OR Second Generation Cephalosporin Antibiotic Received	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient, was given to the patient/caregiver, prior to or upon discharge. years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cesarean section who receive	The Joint Commiss ion The Joint Commiss ion The Joint Commiss ion AMA-PCPI BAMA-PCPI Usetts				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			
90 91 92 93	Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver Prophylactic Antibiotics - Administering Physician Prophylactic Antibiotic: First OR Second Generation Cephalosporin	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient, was given to the patient/caregiver, prior to or upon discharge. years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for	The Joint Commiss ion The Joint Commiss ion The Joint Commiss ion AMA-PCPI BAMA-PCPI Usetts				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			
90 91 92 93	Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver Prophylactic Antibiotics - Administering Physician Prophylactic Antibiotic: First OR Second Generation Cephalosporin Antibiotic Received	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient, was given to the patient/caregiver, prior to or upon discharge. years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cesarean section who receive	The Joint Commiss ion The Joint Commiss ion The Joint Commiss ion AMA-PCPI usetts General				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			
90 91 92 93	Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Ann Lawthers Lawthers	Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office MassHealth Quality Office	Reconciliation CAC -1: Use of relievers for inpatient asthma CAC-2: Use of systemic corticosteroids for inpatient asthma CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver Prophylactic Antibiotics - Administering Physician Prophylactic Antibiotic: First OR Second Generation Cephalosporin Antibiotic Received Within One Hour	facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient, was given to the patient/caregiver, prior to or upon discharge. years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cesarean section who receive prophylactic antibiotics within one hour	The Joint Commiss ion The Joint Commiss ion The Joint Commiss ion AMA-PCPI usetts General				Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Compare, MassHealth Acute Hospital Quality			

				antipsychotic medications overall and									
			HBIPS-4: Patients	stratified by age groups: Children (Age 1									
			discharged on	through 12 years), Adolescents (Age 13									
			multiple	through 17 years), Adults (Age 18	The Joint								
	Ann	MassHealth	antipsychotic	through 64 years), Older Adults (Age	Commiss								
96	Lawthers	Quality Office	medications.	greater than and equal to 65 years).	ion								
				admitted to a hospital-based inpatient									
				psychiatric setting were maintained in									
				physical restraint per 1000 psychiatric	The Joint								
	Ann	MassHealth	HBIPS-2 Hours of	inpatient hours, overall and stratified by									
97	Lawthers	Quality Office	physical restraint use	age groups: : Children (Age 1 through 12					Pediatric Hospital				
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	screening for	inpatient psychiatric setting who are									
			violence risk,	screened within the first three days of	The Joint								
	Ann	MassHealth	substance use,	admission for all of the following: risk of									
98	Lawthers	Quality Office	physcolgoical trauma	violence to self or others, substance use,									
		Z	with Specified	discharged from an inpatient facility to									
			Elements Received	home or any other site of care, or their									
			by Discharged	caregiver(s), who received a transition									
	Ann	MassHealth	Patients (Inpatient	record (and with whom a review of all	AMA-								
99	Lawthers	Quality Office	Discharges to		PCPI				Pediatric Hospital				
33	Ann	MassHealth	TOB-1 Tobacco Use	during the hospital stay for tobacco use	Commiss		+	- 		 		1	
100	Lawthers	Quality Office	Screening	(cigarettes, smokeless tobacco, pipe and			1						
100		2201117 011100	Screening.	and older to whom tobacco use			+ +					-	
		1	TOB-2 Tobacco Use	treatment was provided during the	The Joint								
	Ann	MassHealth		hospital stay, or offered and refused,	Commiss								
101	Lawthers	Quality Office	or Offered	and a second rate, a subset of the first,	ion								
101	Ann	MassHealth	TOB-2a Tobacco Use	medication as well as those who	Commiss						_		
102	Lawthers	Quality Office	Treatment	received counseling and had reason for	ion								
102	Lawtiicis	Quality Office	TOB-3 Tobacco Use	and older to whom tobacco use	1011						_		
			Treatment Provided	treatment was provided, or offered and	The Joint								
	Ann	MassHealth	or Offered at	refused, at the time of hospital	Commiss								
103	Lawthers	Quality Office	Discharge	discharge, and a second rate, a subset of									
103	Lawtileis	Quality Office	Discharge	-	1011		+						
			TOB-3a Tobacco Use	based outpatient counseling AND	The lains								
	Ann	MassHealth	Treatment at	received a prescription for FDA- approved cessation medication upon	The Joint Commiss								
104	Lawthers	Quality Office	Discharge	discharge as well as those who were	ion								
104	Lawuieis	Quality Office	Discharge		1011		+						
				older who are identified through the									
			TOP 4 Tobassa Uses	screening process as having used	The lains								
	Ann	MassHealth	TOB-4 Tobacco Use: Assessing Status	tobacco products (cigarettes, smokeless tobacco, pipe, and cigars) within the past									
105	Lawthers	Quality Office	After Discharge	30 days who are contacted within 30	ion								
103	Ann	MassHealth	medication list	30 days who are contacted within 30	MassHe		+						
106	Lawthers	Quality Office	(delayed)	Measure description not known.	alth								
100	FOAM (11G12	Quanty Office	(uciayeu)	'	uitii		+	 		 			
		1	CCM 3 Transition	discharged from an inpatient facility to					MaccHoolth Acuto				
1	Ann	MassHealth	CCM-2 Transition record with data	home or any other site of care, or their	Macelle		1		MassHealth Acute				
107	Ann Lawthers	Quality Office	record with data received by patient	caregiver(s), who received a transition record (and with whom a review of all	MassHe alth		1		Hospital Quality Measures				
107	rawniers	Quality Office	received by patient		altii		+		iviedoui es	-		-	
1		1	CCM 3 Timely	discharged from an inpatient facility to	1				Massilasith Asut-				
1	A	Macelleolth	CCM-3 Timely	home or any other site of care for whom	Massili-				MassHealth Acute				
100	Ann Lawthers	MassHealth Quality Office	transmission of transition record	a transition record was transmitted to the facility or primary physician or other	MassHe alth				Hospital Quality				
108							+		Measures			 _	
100	Ann Lawthers	MassHealth	Antibiotic	and receive intrapartum intravenous	Commiss		1		Hospital Quality Measures				
109		Quality Office	Prophylaxis for	antibiotic prophylaxis for Group B	1011		1					 	
110	Ann	MassHealth	Perioperative	who receive prophylactic intravenous	Commiss				Hospital Quality				
110	Lawthers	Quality Office	Antibiotics for	antibiotics within one hour prior to	ion		+		Measures				
	Ann	MassHealth	Perioperative	who receive appropriate prophylactic	Commiss				Hospital Quality				
111		Quality Office	Antibiotics for	intravenous antibiotics for surgical	ion		+		Measures			 _	
44.5	Ann	MassHealth		or elective cesarean sections at >= 37	Commiss				Hospital Quality				
112	Lawthers	Quality Office	completed weeks	and <39 weeks of gestation completed	ion		1		Measures			 	
		1		composite measure that represents an									
1		1		accumulation of scores. A composite	1		1						
		1		measure rate is calculated by									
		1 1	HD-2 Clinical Health	aggregating all clinical indicator	l		1		MassHealth Acute				
	Ann	MassHealth	Disparities	measures the hospital is eligible to	MassHe		1		Hospital Quality				
113	Lawthers	Quality Office	Composite Measure	report on. They are all process of care	alth				Measures				

					T						1					
,						Center						position		1	s	tates to participate in a Prevent
,						for				National Center for		papers		1	В	lindness America grant from the
,						Children	'			Children's Vision and Eye		will be the		1	N	Naternal and Child Health Bureau.
,						s Vision				Health National Expert		basis of		1	Δ	statewide coalition, National
,						and Eye				Panel Recommendations		recomme		1	E	xpert Panel and National Center fo
,						Health,				for Developing State		ndations		1		hildren's Vision and Eye Health
,						National				Performance Measures	In final preparation	for		1	h	ave been established as a result of
,						Expert				for Preschool Age	by	individual		1	t	nis award. The Children's Vision
,						Panel,				Children. In final	academic/research	states,		1		lassachusetts coalition is
,				Preschool Vision		funded			High-priority settings	preparation for	group prior to	Massachu		1	c	omprised of forty Massachusetts
,				Screening		by			and clinical focus areas:	publication in MCH	publication in MCB	setts can		1		rofessionals of multiple disciplines,
,	Bruce	Moore	Children's Vision	Performance		МСНВ			community and	literature in late fall	literature late fall	have the		1		nultiple affiliations and including
114			Massachusetts	Measure	Measure is not yet developed/available.	2009-			population health	2012	2012	opportuni		1		arents and advocates. The group
				screening:				High-priority		http://www.ama-						
,				percentage of				settings and		assn.org/apps/listserv/x-				1		
,				patients aged 18				clinical focus		check/qmeasure.cgi?sub				1	c	ne of 2 preventive care and
,				years and older who		AMA-		areas: behavioral		mit=PCPI -select	various primary care			1		creening measures - the other will
115	Carol 0	Sirard	MDPH/BSAS	were screened for	Self-explanatory	PCPI		health			settings			1		e submitted separately
				screening:	- Con Composition (
				percentage of										1		
'	l			patients aged 18		1								ı 1		
	l			years and older who		1								ı L		
	l			were screened for		AMA-								ı L		
116	Carol	Sirard	MDPH/BSAS	unhealthy alcohol	Self-explanatory	PCPI								ı 1		
110	Car Or C	Jil al U	נאנס (חיזטועו		эсп-схріанації у	ruri		+	+			+	}	+	-+	
	l			Disorders:		1								1 1		
,				percentage of										1		
,				patients aged 18										1		
,				years and older with										1		
				a diagnosis of		AMA-								1		
117	Carol (Girard	MDPH/BSAS	current alcohol	Self-explanatory	PCPI								\vdash		
,				Disorders:										1		
,				percentage of										1		
,				patients aged 18										1		
,				years and older with		AMA-								1		
118	Carol (Girard	MDPH/BSAS	a diagnosis of	Self-explanatory	PCPI										
,					older who are screened during the	The Join	t							1		
,				SUB-1 Alcohol Use	hospital stay using a validated screening									1		
119	Carol (Girard	MDPH/BSAS	Screening	questionnaire for unhealthy alcohol use	ion								igspace		
,					hospitalized patients 18 years of age and									1		
,				SUB-2 Alcohol Use	older to whom a brief intervention was		t							1		
,				Brief Intervention	provided, or offered and refused, and a	Commiss								1		
120	Carol 0	Girard	MDPH/BSAS	Provided or Offered	second rate, a subset of the first, which	ion										
,				SUB-2a Alcohol Use	intervention during the hospital stay.	Commiss	5							1		
121	Carol (Girard	MDPH/BSAS	Brief Intervention	Those who refused are not included	ion								1		
				SUB-3 Alcohol and	hospitalized patients 18 years of age and									ı — T		
'				Other Drug Use	older to whom alcohol or drug use									1		
				Disorder Treatment	disorder treatment was provided, or	The Joint	t l							1		
				Provided or Offered	offered and refused, at the time of	Commiss								1		
122	Carol 0	Girard	MDPH/BSAS	at Discharge	hospital discharge, and a second rate, a	ion	<u> </u>				<u> </u>	<u> </u>	<u></u>	<u> </u>		
				SUB-3a: Alcohol and	prescription for FDA-approved			settings and		sion.org/specifications_						
				Other Drug Use	medications for alcohol or drug use	The Join	t l	clinical focus		manual_for_national_ho				1		
'				Disorder Treatment	disorder OR a referral for addictions	Commiss		areas: behavioral		spital_inpatient_quality_				1		
123	Carol 0	Girard	MDPH/BSAS	at Discharge	treatment. Those who refused are not	ion		health		measures.aspx	Health systems			ı 1		
			·	, i	older who screened positive for					·	,					
				SUB-4 Alcohol and	unhealthy alcohol use or who received a									1		
,	l			Drug Use: Assessing	diagnosis of alcohol or drug disorder	The Join								ı 1		
,	l			Status after	during their inpatient stay, who are	Commiss								ı 1		
124	Carol (Sirard	MDPH/BSAS	Discharge	contacted within 30 days after hospital	ion								ı L		
124	20.01	u. u		D.Danial BC	(?)Proportion of adults who exhibit risky			 	+			1	 	-	+	
ļ	l			Droportion of]	High priority						1 1		
,				Proportion of	drinking and had a health care visit in the			High-priority						1		
	l			persons	past year who were advised by their	Health		settings and						ı 1	_	his magazina is for!
	l			appropriately	health care provider to reduce alcohol	and		clinical focus						ı 1		his measure is for primary care;
425	C'	Standard .	AADDII/DCAC	counseled about	consumption or participate in a program			areas: behavioral		http://www.qualitymeasur				ı L		ational Health Interview Survey,
125	Carol (ırard	MDPH/BSAS	health behaviors	to achieve the same.	Services	<u> </u>	health		es.ahrq.gov/index.aspx	primary care	1	1		H	ealthyPeople 2010

		persons who are		Departm								
		referred for follow-		ent of								
		up care for alcohol		Health								
		problems, drug		and								
		problems after		Human								
126 Carol Girard	MDPH/BSAS	diagnosis or	Unable to locate measure specifications	Services								
		persons who need	Percent of persons aged 12 years and	Departm								
		alcohol and or illicit	older who eeded alcohol treatment	ent of								
		drug treatment and	and/or illicit drug treatment reported that									
		received speciality	they received specialty rteatment for	and								
		treatment for abuse	abuse or dependence in the past year.	Human								
127 Carol Girard	MDPH/BSAS		(HealthyPeople 2020)	Services								
		screening: percent of	percent of eligible patients screened	Veteran'		settings and						
		eligible patients	annually for alcohol misuse with the 3-	s Health		clinical focus		http://www.qualitymeas				
		screened annually	item Alcohol Use Disorders Identification	Administ		areas: behavioral		ures.ahrq.gov/content.a				
128 Carol Girard	MDPH/BSAS	for alcohol misuse	Test (AUDIT-C)	ration		health		spx?id=32474	Health systems			Applies to primary care
		percent of patients	percent of patients screened for alcohol	Veterans				http://www.qualitymeas				
		screened for alcohol	misuse with Alcohol Use Disorders	Health				ures.ahrq.gov/content.a				
		misuse with AUDIT-C	Identification Test (AUDIT-C) who meet	Administ				spx?id=32475&search=a				
129 Carol Girard	MDPH/BSAS	who meet or exceed	or exceed a threshold score of 5 who	ration				udit-c				
			responses to 17 items on the Family									
			Evaluation of Hospice Care(FEHC)survey	National								
			presented as a single score ranging from									
			0 to 100.	and								
			Global Score: Percentage of best	Palliative								
			possible response (Excellent) to the	Care								
Deborah	Health Care For	Family Evaluation of	overall rating question on the FEHC	Organiza								
130 Wachenheim	All	Hospice Care	survey.	tion								
		Pain Brought to a	uncomfortable because of pain at the	Hospice								
Deborah	Health Care For	Comfortable Level	initial assessment (after admission to	and								
131 Wachenheim		Within 48 Hours of	hospice services) who report pain was	Palliative								
Deborah	Health Care For		15	y of								
132 Wachenheim	All	Screening	during the hospice admission evaluation	North								
			Percentage of hospice or palliative care	y of								
		Hospice and	patients who screened positive for pain	North								
	Health Care For		and who received a clinical assessment	Carolina-								
133 Wachenheim		Assessment	of pain within 24 hours of screening.	Chapel								
Deborah	Health Care For	Palliative Care	positive for dyspnea who received	y of								
134 Wachenheim	All	Dyspnea Treatment	treatment within 24 hours of screening.									
		Hospice and	patients who were screened for dyspnea									
Deborah 135 Wachenheim	Health Care For	Palliative Care	during the hospice admission evaluation									
Deborah	Health Care For	Dyspnea Screening Palliative Care –	/ palliative care initial encounter. documentation of preferences for life	Carolina- y of								
136 Wachenheim		Treatment	·	North								
130 ANACHEHHIEIM	All		sustaining treatments.	NOICH	+			1		1		
		hospice patients with documentation in	hospice patients with documentation of a discussion of spiritual/religious									
Deborah	Health Care For		concerns or documentation that the	Deyta,								
137 Wachenheim		a discussion of	patient/caregiver/family did not want to									
25, 114010111101111	· · · · · · · · · · · · · · · · · · ·	an Opioid who are	with an opioid that are	RAND	 							
Deborah	Health Care For	Given a Bowel	offered/prescribed a bowel regimen or	Corporat								
138 Wachenheim		Regimen	documentation of why this was not	ion								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	families' perceptions of the quality of		 							
			care that Veterans received from the VA									
			in the last month of life. The BFS									
			consists of 19 items (17 structured and 2									
Deborah	Health Care For	Bereaved Family	open-ended). The BFS items were	PROMIS								
139 Wachenheim		Survey	selected from a longer survey that was									
			die an expected death from cancer or									
		Death with an ICD		RAND								
Deborah	Health Care For	that Has Been	implantable cardioverter-defibrillator	Corporat								
140 Wachenheim		Deactivated	(ICD) in place at the time of death that	ion								
		ICU who Have Care	admitted to ICU who survive at least 48									
Deborah	Health Care For	Preferences	hours who have their care preferences	Corporat								
141 Wachenheim		Documented	documented within 48 hours OR	ion								
Deborah	Health Care For	Advanced Cancer	who are screened for pain with a	Corporat								
142 Wachenheim			standardized quantitative tool at each	ion								
				•			 •	•	•	•		

				survey that is administered to the	Center				
				bereaved family members of adult	for				
				persons (age 18 and older) who died of a	Gerontol				
				chronic progressive illness receiving	ogy and				
			CARE - Consumer	services for at least 48 hours from a	Health				
			Assessments and	home health agency, nursing homes,	Care				
	Deborah	Health Care For	Reports of End of	hospice, or acute care hospital. The	Researc				
	Wachenhein		Life	survey measures perceptions of the	h				
143	Wachenhein		Life	survey measures perceptions of the	y of		Coro		Care Police and
			2 15 6	11-1-1-1	1		Care		Care Policy and
			3-Item Care	Uni-dimensional self-reported survey	Colorad		transitions	www.caretransitions	
	Deborah	Health Care For	Transition Measure	that measure the quality of preparation			and	(Eric Coleman, Unive	
144	Wachenhein	m All	(CTM-3)	for care transitions.	Sciences		coordination	of Colorado)	Colorado Denver
				diagnosis of an acute myocardial					
				infarction (MI) or chronic stable angina					
				(CSA), or who during hospitalization have	9				
			Cardiac rehabilitation	undergone coronary artery bypass graft				http://content.onlin	ejac
	Deborah	Health Care For	patient referral from	(CABG) surgery, a percutaneous				c.org/cgi/content/fu	11/50
145	Wachenhein	m All	an inpatient setting	coronary intervention (PCI), cardiac valve	2			/14/1400/TBLA1	
	Deborah	Health Care For	patient referral from						
146	Wachenhein			Measure definition not known.	1	I	1		
	Deborah	Health Care For	transient ischemic		†	1			
147	Wachenhein		event ER visit who	Measure definition not known.	1	I	1		
<u> </u>	Deborah	Health Care For	2.2 2.1 11312 11110		1	I	 	 	
1/10	Wachenhein		Biopsy follow-up	Measure definition not known.	1	I	1		
140	**acrietitielli	11 (31)		ivicasare definition flot kilowii.	1	 	 		+ + + + + + + + + + + + + + + + + + + +
	Dahar-t-	Hoolth Com For	medication list		1	I	1		
	Deborah	Health Care For	received by						
149	Wachenhein	m All	discharged patients	Measure definition not known.	<u> </u>				
				with a current diagnosis of melanoma or					
				a history of melanoma whose					
				information was entered, at least once				http://www.mdinter	acti
			Melanoma continuity	within a 12 month period, into a recall				ve.cc/files/uploaded	/13
	Deborah	Health Care For	of care - recall	system that includes: A target date for				7_2010_PQRI_Meas	ureS
150	Wachenhein	m All	system	the next complete physical skin exam,				pec.pdf	
			shared decision	making are not measures. Measures				decisions.org/imdf_c	decis
	Deborah	Health Care For		based on the decision aides may be				ion_aid/herniated-d	
151	Wachenhein		disc	created in the future.				choosing-the-right-	
	Deborah	Health Care For	shared decision	making are not measures. Measures				decisions.org/imdf_	decis
152	Wachenhein		making - Spinal	based on the decision aides may be				ion aid/treatment-	
132	Deborah	Health Care For	shared decision	making are not measures. Measures				decisions.org/imdf_	teris
153	Wachenhein		making - Total knee	based on the decision aides may be				ion aid/treatment-	
155		Health Care For							lania d
154	Deborah		shared decision	making are not measures. Measures				decisions.org/imdf_d	ecis
154	Wachenhein		making - Total hip	based on the decision aides may be	1			ion_aid/treatment-	
	Deborah	Health Care For	shared decision	making are not measures. Measures					
155	Wachenhein	m All	making - Coronary	based on the decision aides may be	!	-			
	l	1	shared decision	making are not measures. Measures	1	I	1	decisions.org/imdf_d	
	Deborah	Health Care For	making - Breast	based on the decision aides may be	1	I	1	ion_aid/surgical-opt	
156	Wachenhein		cancer surgery	created in the future.	<u> </u>			for-early-stage-brea	
	Deborah	Health Care For	shared decision	making are not measures. Measures	1	I	1	decisions.org/imdf_o	iecis
157	Wachenhein		making - Breast	based on the decision aides may be	<u></u>			ion_aid/is-breast-	
	Deborah	Health Care For	shared decision	making are not measures. Measures	1		1	decisions.org/imdf_c	lecis
158	Wachenhein	m All	making - Prostate	based on the decision aides may be	<u></u>	L	<u></u>	ion_aid/treatment-	
	Deborah	Health Care For	shared decision	making are not measures. Measures				decisions.org/imdf_c	decis
159	Wachenhein		making - Prostate	based on the decision aides may be	1	I	1	ion_aid/deciding-if-t	
	Deborah	Health Care For	shared decision	making are not measures. Measures				decisions.org/imdf_c	
160	Wachenhein		making - Colon	based on the decision aides may be	1	I	1	ion aid/is-colon-can	
		MA Group	U	1	Resoluti	İ			
	Dolores	Insurance	Hypertension new		on	I	1		
	Mitchell	Commission	patients glucose test		Health	I	1		GIC
101	IVIILLIICII	MA Group			Resoluti	1			
	Dalass -		Hypertension new			I	1		
	Dolores	Insurance	patients potassium		on	I	1		
162	Mitchell	Commission	test		Health	-			GIC
		MA Group			Resoluti	I	1		
	Dolores	Insurance	Hypertension new		on	I	1		
163	Mitchell	Commission	patients lipid test		Health				GIC
l T		MA Group	patients not on short-	1	Resoluti	_	1		
	Dolores	Insurance	acting DHP calcium		on	1			
164	Mitchell	Commission	blocker		Health	1			GIC

		MA Group	COPD/asthma proper	Resoluti					
	Dolores	Insurance	use of short-acting	on					
165	Mitchell	Commission	beta2 agonist inhaler	Health		GIC			
		MA Group	Persistent asthma	Resoluti					
	Dolores	Insurance	patients on beta-2	on					
166	Mitchell	Commission	agonist	Health		GIC			
		MA Group	Dementia new	Resoluti					
	Dolores	Insurance	patients thyroid and	on					
167	Mitchell	Commission	B12 tests	Health		GIC			
		MA Group	Diabetes new	Resoluti					
	Dolores	Insurance	patients on	on					
168	Mitchell	Commission	metformin	Health		GIC			
		MA Group	Otitis media effusion	Resoluti					
	Dolores	Insurance	no systemic	on					
169	Mitchell	Commission	antimicrobials	Health		GIC			
		MA Group		Resoluti				1	
	Dolores	Insurance	Appropriate office	on					
170	Mitchell	Commission	visits for infants 0-1	Health		GIC			
		MA Group	Appropriate office	Resoluti					
	Dolores	Insurance	visits for children 12-	on					
171	Mitchell	Commission	18	Health		GIC			
		MA Group		Resoluti			1		
	Dolores	Insurance	Appropriate office	on					
172	Mitchell	Commission	visits for children 1-3	Health		GIC			
		MA Group	Appropriate office	Resoluti			1		
	Dolores	Insurance	visits for children 3-	on					
173	Mitchell	Commission	11	Health		GIC			
		MA Group	Cataract surgery no	Resoluti					
	Dolores	Insurance	post-op	on					
174	Mitchell	Commission	complications	Health		GIC			
		MA Group		Resoluti					
	Dolores	Insurance	BPH patients not on	on					
175	Mitchell	Commission	anticholinergic meds	Health		GIC			
		MA Group	Acute otitis externa	Resoluti					
	Dolores	Insurance	avoid systemic	on					
176	Mitchell	Commission	antibiotics	Health		GIC			
		MA Group		Resoluti					
	Dolores	Insurance	Atrial fibrillation New	on					
177	Mitchell	Commission	Warfarin INR check	Health		GIC			
		MA Group	Bare metal stent	Resoluti					
	Dolores	Insurance	antiplatelet within 30	on					
178	Mitchell	Commission	days	Health		GIC			
		MA Group		Resoluti					
	Dolores	Insurance	CHD post MI patients	on					
179	Mitchell	Commission	on beta blockers	Health		GIC			
	1	MA Group	CHF patients not on	Resoluti					
	Dolores	Insurance	DHP calcium channel	on					
180	Mitchell	Commission	blocker	Health		GIC			
	1	MA Group	Depression no	Resoluti					
	Dolores	Insurance	anxiolytic without	on					
181	Mitchell	Commission	antidepressant	Health		GIC			
		MA Group	hypertension or	Resoluti					
	Dolores	Insurance	nephropathy	on		[
182	Mitchell	Commission	patients on ACE-I or	Health		GIC			
	L.	MA Group	<u> </u>	Resoluti					
1	Dolores	Insurance	Clozapine white	on		1			
183	Mitchell	Commission	blood cell count	Health		GIC			
	L.	MA Group	IBD patient on	Resoluti					
	Dolores	Insurance	chronic steroid BMD	on		1			
184	Mitchell	Commission	test	Health		GIC			
1	L.	MA Group	New Atrial	Resoluti					
1	Dolores	Insurance	Fibrillation: Thyroid	on 					
185	Mitchell	Commission	Function Test	Health		GIC			
	L.	MA Group	Bipolar disorder new	Resoluti					
	Dolores	Insurance	patients on	on		CIC			
186	Mitchell	Commission	antimanic agent	Health		GIC			

	,											
		MA Group		Resoluti								
	Dolores	Insurance	Breast Cancer -	on								
197	Mitchell	Commission	Cancer Surveillance	Health				GIC				
107	IVIIICIIEII		Caricer Surveillance		 			dic	_			
		MA Group		Resoluti								
	Dolores	Insurance	Post MI patients on	on								
188	Mitchell	Commission	ACE inhibitor or ARB	Health				GIC				
		MA Group	Chronic Kidney	Resoluti	i		- 					
			· · · · · · · · · · · · · · · · · · ·									
	Dolores	Insurance	Disease: Monitoring	on								
189	Mitchell	Commission	Calcium	Health				GIC				
		MA Group	Chronic Kidney	Resoluti								
	Dolores	Insurance	Disease: Monitoring	on								
400								0.0				
190	Mitchell	Commission	Phosphorus	Health				GIC				
		MA Group	Disease: Monitoring	Resoluti								
	Dolores	Insurance	Parathyroid	on								
101	Mitchell	Commission	Hormone (PTH)	Health				GIC				
131	WITCHEI							dic				
		MA Group	Chronic Kidney	Resoluti								
	Dolores	Insurance	Disease - Lipid Profile	on								
192	Mitchell	Commission	Monitoring	Health				GIC				
	Dala.	MA Group	insulin with evidence	Resoluti			1					
	Dolores	Insurance	of self-monitoring	on			1					
193	Mitchell	Commission	blood glucose testing	Health				GIC		L		
		MA Group	diabetes that had a	Resoluti								
	Dolores	Insurance	serum creatinine in	on			1					
40.							1	CIC				
194	Mitchell	Commission	the last 12 months	Health				GIC				
]	MA Group	Drug-eluting stent	Resoluti			1					
	Dolores	Insurance	patients on	on			1					
105	Mitchell	Commission	antiplatelet	Health			1	GIC				
193	·············					+	+ +	Gic	+	 		
	l .	MA Group	Dyslipidemia new	Resoluti			1					
	Dolores	Insurance	med and lipid panel	on			1					
196	Mitchell	Commission	at 3 months	Health			1	GIC				
	İ	MA Group	Appropriate work up	Resoluti								
	Dalasti						1					
	Dolores	Insurance	prior to endometrial	on			1					
197	Mitchell	Commission	ablation procedure	Health				GIC				
		MA Group		Resoluti								
	Dolores	Insurance	Heart Failure - ACE-I	on								
400								SIS				
198	Mitchell	Commission	or ARB Therapy	Health				GIC				
		MA Group		Resoluti								
	Dolores	Insurance	Heart Failure - Use of	on								
199	Mitchell	Commission	Beta Blocker Therapy	Health				GIC				
	TVIICCIICII				i		- 	0.0				
		MA Group	HIV screening:	Resoluti								
	Dolores	Insurance	Members at high risk	on								
200	Mitchell	Commission	of HIV	Health				GIC				
		MA Group	had a serum	Resoluti								
	Dolores						1					
l	Dolores	Insurance	creatinine in last 12	on 			1	l				
201	Mitchell	Commission	months	Health				GIC				
]	MA Group		Resoluti			1					
	Dolores	Insurance	Hydroxychloroquine	on								
202	Mitchell	Commission		Health			1	GIC				
202	wiitchell		annual eye exam					GIC	+			
]	MA Group		Resoluti			1					
	Dolores	Insurance	Hepatitis C viral load	on								
203	Mitchell	Commission	test	Health			1	GIC				
	1				 	- - - - - - - - - - 	- 		1			
	l	MA Group		Resoluti			1					
	Dolores	Insurance	Lithium annual	on			1					
204	Mitchell	Commission	creatinine test	Health			<u> </u>	GIC		<u> </u>		
		MA Group		Resoluti								
	Dolores	Insurance	Lithium annual drug	on			1					
			in the second se					lava				
205	Mitchell	Commission	level test	Health				GIC				
I]	MA Group		Resoluti			1					
I	Dolores	Insurance	Lithium annual	on			1					
			thyroid function test					eic				
206	Mitchell	Commission	triyroid iunction test	Health				GIC	-	 		
l	l	MA Group		Resoluti								
I	Dolores	Insurance	Methotrexate CBC	on			1					
	Mitchell	Commission	within 12 weeks	Health			1	GIC				
207					 	+	+	- Gic	+	 		
	l .	MA Group	Methotrexate	Resoluti			1					
	Dolores	Insurance	creatinine within 12	on			1					
208	Mitchell	Commission	weeks	Health				GIC				
	•	•								•		

		MA Group		Resoluti							,
	Dolores	Insurance	Methotrexate LFT	on							
209	Mitchell	Commission	within 12 weeks	Health			GIC				·
		MA Group	acute migraine	Resoluti							
	Dolores	Insurance	medications also on	on							·
210	Mitchell	Commission	prophylactic	Health			GIC				
210	WITCHEII		propriyiactic				dic	1			
		MA Group		Resoluti							1
	Dolores	Insurance	Amiodarone therapy	on							·
211	Mitchell	Commission	baseline TSH test	Health			GIC				
		MA Group		Resoluti							1
	Dolores	Insurance	Warfarin PT test	on							1
212	Mitchell	Commission	within last 2 months	Health			GIC				1
		MA Group	Rheumatoid arthritis	Resoluti							
	Dolores	Insurance	new baseline ESR or	on							
213	Mitchell	Commission	CRP	Health			GIC				·
		MA Group	Chronic Steroid Use -	Resoluti							
	Dolores	Insurance	Treatment to Prevent	on							1
214	Mitchell	Commission	Osteoporosis	Health			GIC				1
214	Mitterien						dic				
1	L .	MA Group	Osteoporosis - Use of	Resoluti	1						
1	Dolores	Insurance	Pharmacological	on	1		0.0				
215	Mitchell	Commission	Treatment	Health	1		GIC		1		
1	1	MA Group	Pregnant women	Resoluti							
1	Dolores	Insurance	that had HBsAg	on							
216	Mitchell	Commission	testing	Health			 GIC				
		MA Group		Resoluti							
1	Dolores	Insurance	Pregnant women	on							
217	Mitchell	Commission	that had HIV testing	Health	1		GIC				
		MA Group	Pregnant women	Resoluti							
1	Dolores	Insurance	that had syphilis	on							'
210	Mitchell	Commission		Health			GIC				 -
218	WITCHEI		screening		1		GIC .	1	1		
		MA Group	Pregnant women	Resoluti							, '
	Dolores	Insurance	with diabetes not on	on							
219	Mitchell	Commission	hypoglycemic meds	Health			GIC				
		MA Group	High risk cervical	Resoluti							
	Dolores	Insurance	cancer screening in	on							
220	Mitchell	Commission	past year	Health			GIC				
		MA Group		Resoluti							
	Dolores	Insurance	Prostate Cancer -	on							
221	Mitchell	Commission	Cancer Surveillance	Health			GIC				 -
		MA Group		Resoluti							
	Dolores	Insurance	Rheumatoid Arthritis	on							
222	Mitchell	Commission	Annual ESR or CRP	Health			GIC				
		MA Group		Resoluti	1	+		<u> </u>	1		
1	Dolores		Rheumatoid arthritis new baseline AST or	on							
222	Dolores Mitchell	Insurance	ALT tests	Health			GIC				'
223	iviitciieli	Commission	ALT LESIS				GIC .	1	1		
1	L .	MA Group	a	Resoluti	1						
1	Dolores	Insurance	Rheumatoid arthritis	on	1						
224	Mitchell	Commission	new baseline CBC	Health			GIC	1	1		
1	1	MA Group	Rheumatoid arthritis	Resoluti	1						 -
1	Dolores	Insurance	new baseline	on	1						 -
225	Mitchell	Commission	creatinine test	Health	<u> </u>		 GIC	<u> </u>	<u> </u>		
		MA Group	Steroid Use -	Resoluti							
1	Dolores	Insurance	Osteoporosis	on							
226	Mitchell	Commission	Screening	Health	1		GIC				
		MA Group		Resoluti				1			
1	Dolores	Insurance	Tympanostomy tube	on							
227	Mitchell	Commission		Health			GIC				
	iviitcheii		patients hearing test			+	UIC	<u> </u>			
1	L .	MA Group	Pulmonary embolism	Resoluti	1						
1	Dolores	Insurance	anticoagulation at	on	1						
228	Mitchell	Commission	least 3 months	Health			GIC		ļ		
1	1	MA Group	thrombosis	Resoluti	1						
1	Dolores	Insurance	anticoagulation at	on	1						'
229	Mitchell	Commission	least 3 months	Health	<u>l</u>		 GIC	<u> </u>			<u> </u>
				•							

230	Joanne Timmons, MPH	Center & Governor's Council to Address Sexual and Domestic Violence, Health Care Working Group	PC.01.02.09 Standard on Abuse and Neglect	The Standard does not include specific performance measures.	The Joint Commission			High-priority settings and clinical focus areas: behavioral health		High-priority settings and clinical focus areas community and population health	:	National Health Resource Center on Domestic Violence - http://www.futureswith outviolence.org/content /features/detail/790/ (ph: 888-792-2873).	Hospitals				unanimous consensus among national and international health organizations that sexual and domestic violence, as well as other forms of abuse and neglect, are critical issues to be addressed in health care. The MA Governor's Council to Address Sexual and
231	Kara Cotich	Massachusetts Association of Health Plans	Total Cost of Care Population-based PMPM Index	complicated factors such as patient illness burden, service utilization and negotiated prices. Total Cost Index (TCI) is a measure of a primary care provider's risk adjusted cost effectiveness at managing the population they care for. TCI includes all costs associated with	HealthPa rtners	Efficiency and system performance	Care transitions and coordination	High-priority settings and clinical focus areas: behavioral health	High-priority settings and clinical focus areas: post-acutorare settings	High-priority settings and clinical focus areas community and population health	and clinical focus areas: free standing	ers.com/public/tcoc/ http://www.healthpartn ers.com/ucm/groups/pu blic/@hp/@public/docu ments/documents/docu 057649.pdf http://www.qualityforu	Health Partners of	Health Partners Medical Group	Other providers participat ing with Health Partners		some or the greatest today eximis
232	Katherine Hsu, MD, MPH	MDPH Bureau of ID, Div. of STD Prevention & HIV/AIDS Surv.	STD/HIV screening	No specific measure was recommeded by the submitter.	CDC, AHRQ, NQF					High-priority settings and clinical focus areas community and population health		routine STD/HIV screening for sexually active adolescents and men-who-have-sex-with men, among others http://www.cdc.gov/std/treatment/2010/specia pops.htm 2. chlamydia screening in women is an AHRQ (http://www.uspreventi	l for chlamydia				and sexual minority health disparities are seen in the area of sexual health, with rates of reported STD/HIV disproportionately affecting non-whites and sexual minorities (Massachusetts 2010 chlamydia infection rates 18x higher in Black non-Hispanic and 13x higher in Hispanic compared to white non-Hispanic populations in Massachusetts; national syphilis and HIV diagnosis rates >40x higher in MSM compared to other men or women). A quality measure
	Katie Hakesley	National Association of Social Workers, Massachusetts Chapter	inpatient psychiatric services: the percentage of patients discharged from a hospital-	Self-explanatory	Commission - Health Care Accredit		Care transitions and coordination	High-priority settings and clinical focus areas: behavioral				for Joint Commission National Quality Core Measures [Version 2011A]. Oakbrook Terrace (IL): The Joint	Hospitals				
	Katie Hakesley	National Association of Social Workers, Massachusetts Chapter (NASW-MA)	Behavioral health care patients' satisfaction: adult patients' overall rating of the counseling or treatment they	CAHPS survey asks consumers and patients to report on and evaluate their experiences with health care		Efficiency and system performance		High-priority settings and clinical focus areas: behavioral health				tools to advance patient contered care [https://www.cahps.ahr q.gov/default.asp]. [internet]. Rockville [MD]: Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21];		Managed Care Plan:			
	Katie Hakesley	National Association of Social Workers, Massachusetts Chapter (NASW-MA)	received. care patients' experiences: percentage of adult patients who reported how much of a problem they had getting treatment and information from	CAHPS survey asks consumers and patients to report on and evaluate their experiences with health care		Efficiency and system performance		High-priority settings and clinical focus areas: behavioral health				tools to advance patient centered care [https://www.cahps.ahr q.gov/default.asp]. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21];		Managed	Substanc e Use Treatmen t Programs s /Centers		
236	Kristina Whiton O'Brien	National Association of Social Workers, Massachusetts Chapter	Behavioral health care patients' satisfaction: adult patients' overall rating of their health plan for counseling or treatment.	CAHPS survey asks consumers and patients to report on and evaluate their experiences with health care	AHRQ	Efficiency and system performance		High-priority settings and clinical focus areas: behavioral health				tools to advance patient centered care [https://www.cahps.ahr q.gov/default.asp]. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21];	Behavioral Health		Substanc e Use Treatmen t Programs s /Centers		
237	Patricia Kelleher	Home Care Alliance of Massachusetts		Response to: Would you recommend this agency to your family or friends if they needed home health care? [This is probably what Ms. Kelleher intended.]	Health Consum er Assessm				settings and clinical focus areas: post-acut care settings	e		The HHCAPS is well vetted on the CMS website.	Certified home health agencies	Home Health Compare			

		Home Care			(the Outcom e and Assessm ent Informat	Care transitions		both on CMS home Health Compare where these data are already publicly reported and on the NQF panel/website looking at post acute				
F	atricia	Alliance of	Timely Initiation of	referral date or inpatient discharge date	ion Set)	and		care	Certified Home			
238 H	Celleher	Massachusetts	Care	whichever is later	data set	coordination		https://www.cms.gov/M	health			
		Instuctor of Pediatrics, Harvard Medical	your child was discharged from the hospital, how well or	r	Children' s Hospital	Care transitions		developer, Children's Hospital, Boston will make available to you		Duke	validatio n with over 25 participat	Test-retest reliability, internal consistency, known-group validity and feasibility have been
220.0	onja Ziniel		poorly prepared were you and your	Pediatric inpatient experience survey completed by parents or guardians	Boston	coordination				University		established.
239 3	onja zimei	Pediatrics.	opinion, how well or		BUSTOIT	transitions	+	the methodology and	DUSTOII	University	IIIg	established.
240 5	onja Ziniel	Harvard Medical School	poorly did the staff	Pediatric inpatient experience survey	Hospital Boston	and coordination		n		"	"	"
241 5	ionja Ziniel	Instuctor of Pediatrics, Harvard Medical School	left the hospital, how well did you understand what problems you should	Pediatric inpatient experience survey d completed by parents or guardians	Children' s Hospital Boston	Care transitions and coordination		"	"	"	"	"
242 9	ionja Ziniel	Pediatrics, Harvard Medical School		Pediatric inpatient experience survey o completed by parents or guardians	s Hospital Boston	transitions and coordination		"	"	"	"	"
243 5	ionja Ziniel	Pediatrics, Harvard Medical School	' '	Pediatric inpatient experience survey	s Hospital Boston	transitions and coordination		"		"	"	"
244 9	ionja Ziniel	Pediatrics, Harvard Medical School		Pediatric inpatient experience survey completed by parents or guardians	s Hospital Boston	transitions and coordination		"	"	"	"	"