

Powered by Premier

National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry

This registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for Eligible Clinicians and group practices for the 2018 Quality Payment Program (QPP) Performance Period.

QCDR MEASURES

MEASURE ID

Hip Fracture Mortality Rate (IQI 19)

For Group Reporting ONLY

NOF6

Percentage of patients aged 65 and older with hip fracture as a principal diagnosis (excluding periprosthetic fracture discharges, obstetric discharges, and transfers to another hospital) who expired during the hospital stay.

National Quality Strategy Domain: Effective Clinical Care

Type: Outcome

Data Submission Method(s): Registry Measure For Group Reporting ONLY

Osteoporosis: percentage of patients, any age, with a diagnosis of osteoporosis who are either receiving both calcium & vitamin D intake, & exercise at least once within 12 months.

NOF7

Percentage of patients, regardless of age, with a diagnosis of osteoporosis who are either receiving both calcium and vitamin D or had documented counseling regarding both calcium and vitamin D intake, and exercise at least once within 12 months.

National Quality Strategy Domain: Person and Caregiver-Centered Experience Outcomes

Type: Process

Data Submission Method(s): Registry Measure

Median Time to Pain Management for Long Bone Fracture

NOF12

Median time from emergency department arrival to time of initial oral or parenteral pain medication administration for emergency department patients with a principal diagnosis of long bone fracture (LBF).

National Quality Strategy Domain: Effective Clinical Care

Type: Process

Data Submission Method(s): Registry Measure

Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older

NOF13

Percentage of patients aged 50 years and older with fracture of the hip, spine or distal radius that had a central DXA measurement ordered or performed or pharmacologic therapy prescribed.

National Quality Strategy Domain: Effective Clinical Care

Type: Process

Data Submission Method(s): Registry Measure

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<p>Screening for Osteoporosis for Women Aged 65–85 Years of Age</p> <p>Percentage of female patients aged 65–85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Registry Measure</p>	039	---	0046
<p>Medication Reconciliation Post-Discharge</p> <p>The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.</p> <p>This measure is reported as three rates stratified by age group:</p> <ul style="list-style-type: none"> • Submission Criteria 1: 18–64 years of age • Submission Criteria 2: 65 years and older • Total Rate: All patients 18 years of age and older <p>National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Data Submission Method(s): Registry Measure</p>	046	---	0097
<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Data Submission Method(s): Registry Measure</p>	047	---	0326
<p>Osteoarthritis (OA): Function and Pain Assessment</p> <p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Data Submission Method(s): Registry Measure</p>	109	---	---
<p>Preventive Care and Screening: Influenza Immunization</p> <p>Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure</p>	110	CMS147v7	0041

*CMS Quality Measure Specifications are available at <https://qpp.cms.gov/about/resource-library>.

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
Pneumococcal Vaccination Status for Older Adults Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure	111	CMS127v6	0043
Breast Cancer Screening Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure	112	CMS125v6	2372
Colorectal Cancer Screening Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure	113	CMS130v6	0034
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m ² National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure	128	CMS69v6	0421
Pain Assessment and Follow-Up Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present. National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Data Submission Method(s): Registry Measure	131	---	0420
Preventive Care and Screening: Screening for Depression and Follow-Up Plan Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure	134	CMS2v7	0418

*CMS Quality Measure Specifications are available at <https://qpp.cms.gov/about/resource-library>.

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Registry Measure	177	---	---
Rheumatoid Arthritis (RA): Functional Status Assessment Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Registry Measure	178	---	---
Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Registry Measure	179	---	---
Rheumatoid Arthritis (RA): Glucocorticoid Management Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Registry Measure	180	---	---
Elder Maltreatment Screen and Follow-Up Plan Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan on the date of the positive screen. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Data Submission Method(s): Registry Measure	181	---	---
Functional Outcome Assessment Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies. National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Data Submission Method(s): Registry Measure	182	---	2624

*CMS Quality Measure Specifications are available at <https://qpp.cms.gov/about/resource-library>.

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
Cervical Cancer Screening Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed every 3 years * Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure	309	CMS124v6	0032
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Percentage of patients aged 18 years and older seen during the submitting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure, Registry Measure	317	CMS22v6	---
Falls: Screening for Future Fall Risk Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure, Registry Measure	318	CMS139v6	0101
Pain Brought Under Control Within 48 Hours Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Outcome High-Priority: Yes Data Submission Method(s): Registry Measure	342	---	---
Closing the Referral Loop: Receipt of Specialist Report Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred. National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure, Registry Measure	374	CMS50v6	---
Functional Status Assessment for Total Knee Replacement Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure, Registry Measure	375	CMS66v6	---

*CMS Quality Measure Specifications are available at <https://qpp.cms.gov/about/resource-library>.

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
Functional Status Assessment for Total Hip Replacement Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure, Registry Measure	376	CMS56v6	---
Osteoporosis Management in Women Who Had a Fracture The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Registry Measure	418	---	0053

*CMS Quality Measure Specifications are available at <https://qpp.cms.gov/about/resource-library>.