American College of Physicians Genesis Registry, Powered by Premier Inc. 2017 Non-MIPS Measures																				
CMS Measure ID for 2017	Summary/Measure Title	Measure Description	NQS Domain	Numerator	Denominator	Denominator Exclusions	Denominator Exceptions	High Priority	Outcome	NQF Number	eCQM Number	Rationale	Data Source	Steward	Number of Multiple Performance Rates to be submitted in the XML field. Type in the number or N/A to indicate the number of performance rates submitted.	Indicate an Overall Performance Rate if more than 1 performance rate is to be submitted field – Specify which rate will represent an overall performance rate for the	Inverse Measurement (Y/N)	Proportion Measure Scoring (Y/N)	Continuous Measure Scoring (Y/N)	Ratio Measure (Y/N)	Risk Adjusted (Y/N)
TBD	High Risk Pneumococcal Vaccination	The percentage of patients aged 19 through 64 with a high risk condition, who either received a pneumococcal vaccination OR who reported previous receipt of a pneumococcal vaccination.	Community/ Population Health	Patients who received a pneumococcal vaccination OR who reported previous receipt of a pneumococcal vaccination.	Patient aged 19 through 64 with a high risk condition (e.g., diabetes, heart failure, COPD, end-stage kidney disease, nephritic syndrome, chronic kidney disease, chronic dialysis, asplenia, malignancy, solid organ transplant, on immunosuppressive medications, HIV, cystic fibrosis) and a valid patient encounter code.	n/a	Pneumococcal vaccination not received with patient reason(s) documented (e.g., patient refusal).	No	No		n/a	Pneumonia is common cause of illness and death in the elderly and persons with certain underlying conditions such as heart failure, diabetes, cystic fibrosis, or COPD.	Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records		N/A	N/A	N	Y	N	N	N
TBD	Herpes Zoster (Shingles) Vaccination	Percentage of patients aged 60 or older who received a herpes zoster vaccination OR who reported previous receipt of a herpes zoster vaccination.	Community/ Population Health	Patients who received a herpes zoster vaccination OR who reported previous receipt of herpes zoster vaccination since age 60.	Patients aged 60 or older with a valid patient encounter code.	n/a	Herpes zoster vaccination not received with patient reason(s) documented (e.g., patient refusal, patient allergy, patient reported as having a history of cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma, patient having active, untreated tuberculosis, patient having a weaken immune system due to HIV/AIDS or another disease or medication (such as steroids, radiation and chemotherapy) that effects the immune system, or other documented patient reason).	No	No		n/a	Herpes zoster (shingles) vaccination is recommended by the Advisory Committee on Immunization Practices (ACIP) to reduce the risk of shingles and its associated pain in people 60 years older or older, including those who have had a previous episode of shingles and those who do not recall having had chickenpox. The zoster vaccination has been shown to reduce the occurrence of herpes zoster (shingles) by over half of the adults aged 60 and older who received the vaccination. The vaccination has also reduced the number of cases of pain and discomfort associated with shingles as well as the severity and duration.	Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records		N/A	N/A	N	Y	N	N	N
TBD	Tdap (Tetanus, Diphtheria, Acellular Pertussis) Vaccination	Percentage of patients aged 19 or older who received a primary vaccine series of tetanus/diphtheria/acellular pertussis (tdap) vaccine OR who reported previous receipt of Tdap vaccination.	Community/Populat ion Health	Patients who received Tdap vaccination OR who reported previous receipt of Tdap vaccination.	Patients aged 19 or older with a valid patient encounter code.	n/a	Tdap vaccination not received with reason(s) documented (e.g., vaccination not indicated/patient refusal).	No	No		n/a	Tetanus, diphtheria and pertussis can be very serious diseases. These diseases are caused by bacteria. Tetanus enters the body through cuts, scratches or wounds. Diphtheria and pertussis are spread from person to person through coughing or sneezing. The Tdap vaccine can provide protection against these diseases. Individuals who did not receive the Tdap vaccine when younger should get vaccinated as soon as possible. Tdap may safely be given at the same time as other vaccines. The Advisory Committee on Immunization Practices (ACIP) recommends a single Tdap dose for persons aged 11 through 18 years who have completed the recommended childhood diphtheria and tetanus toxoids and pertussis/diphtheria and tetanus toxoids and acellular pertussis (DTP/DTaP) vaccination series and for adults aged 19 through 64 years.	Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records		N/A	N/A	N	Y	N	N	N
TBD	Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and LVEF <40% on ACEI or ARB and Beta-blocker Therapy	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) and a current or prior ejection fraction (EF) <40% who are self-identified Black or African Americans and receiving ACEI or ARB and Beta-blocker therapy who were prescribed a fixed-dose combination of hydralazine and isosorbide dinitrate seen for an office visit in the measurement period in the outpatient setting or at each hospital discharge	Effective Clinical Care	Patients prescribed a fixed-dose combination of hydralazine and isosorbide dinitrate seen for an office visit in the measurement period in the outpatient setting or at each hospital discharge.	All patients aged 18 years and older with a diagnosis of heart failure and a current or prior EF <40% who are self-identified Black or African Americans and receiving ACEI or ARB and beta-blocker therapy.	n/a	Hypotension (severe or symptomatic) Severe lupus erythematosus Unstable angina Peripheral neuritis Patient actively taking Phosphodiesterase Type 5 (PDE5) Inhibitors	No	No		475	The African-American Heart Failure Trial (A-HeFT) first published in 2004 demonstrated that there is significant benefit for African American patients who receive the fixed-dose combination therapy of hydralazine and isosorbide dinitrate. A-HeFT built on the findings from the two Vasodilator-Heart Failure Trials (V-HeFT). A-HeFT, which was ended early due to the mortality rates in the placebo population, demonstrated a 43% reduction in mortality, a 33% decrease in initial hospitalizations, and a 50% improvement in patient-reported quality of life (Taylor, 2004; Sharma, 2014). These results clearly demonstrate that the fixed-dose combination therapy significantly improves patient morbidity, mortality and quality of life in this clinical cohort. There is no substitute for the fixed-dose combination therapy. Even with this strong evidence of unprecedented efficacy and cost-effectiveness research shows that more than 85% of African American patients are not receiving the quality of care that this therapy affords, constituting a significant gap in care quality (Dickson, 2015). The underuse of the fixed-dose combination of hydralazine plus isosorbide dinitrate in African Americans with severe heart failure is a health care and health quality disparity that exposes	Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Medical Records	National Minority Quality Forum (NMQF)	N/A	N/A	N	Y	N	N	N

TBD QPP #408	Opioid Therapy Follow-up Evaluation	All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	Effective Clinical Care	Patients who had a follow-up evaluation conducted at least every three months during opioidtherapy	All patients 18 and older prescribed opiates for longer than six weeksduration and a valid patient encounter code.	n/a	n/a	No	No		n/a	Clinicians should periodically reassess all patients on COT. Regular monitoring of patients once COT is initiatedis critical because therapeutic risks and benefits do not remain static and can be affected by changes in theunderlying pain condition, presence of coexisting disease, or changes in psychological or social circumstances. Monitoringis essential to identify patients who are benefiting from COT, those who might benefit more with restructuring of treatment or receiving additional services such as treatment for addiction, and those whose benefits fromtreatment are outweighed by harms.	Electronic Clinical Data,	American Academy of Neurology	N/A	N/A	N	Y	N	N	N
TBD QRS #414	Evaluation or Interview for Risk of Opioid Misuse	All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record	Effective Clinical Care	Patients evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool,Opioid Assessment for Patients with Pain, revised (SOAPP-R)) or patient interview at least once during opioid therapy	All patients 18 and older prescribed opiates for longer than six weeksduration and a valid patient encounter code.	n/a	n/a	No	No		n/a	A thorough history and physical examination, including an assessment of psychosocial factors and family history,is essential for adequate risk stratification. Implicit in the recommendation to conduct a comprehensivebenefit-to-harm analysis is the recognition that an opioid trial may not be appropriate. Clinicians should obtain appropriate diagnostic tests to evaluate the underlying pain condition, and should consider whether the pain condition may be treatedmore effectively with nonopioid therapy rather than with COT.	Electronic Clinical Data,	American Academy of Neurology	N/A	N/A	N	Y	N	N	N