ENSW Clinical Quality Measures

EvidenceNow Southwest (ENSW) uses the ABCS clinical quality measures to track how well practices deliver evidence-based care for patients. ABCS stands for Aspirin, Blood pressure management, Cholesterol management, and Smoking cessation, the major strategies in improving the heart health of patients in your practice. This document summarizes many of the most important research guidelines on which these four measures are based. For the full annotated bibliography on Cardiovascular Disease Click Here.

Your Clinical Health Information Technology Advisor (CHITA) will help you run these clinical quality measures on a quarterly basis using a trailing 12-month reporting period. Together with your CHITA and Practice Facilitator (PF), we hope these results will guide your quality improvement efforts and help you achieve better outcomes over time.

Aspirin

NQF: 0068

Description

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

Guidance

This measure is to be reported a minimum of once per reporting period for patients with IVD seen at least once during the reporting period. The performance period for this measure is 12 months from the date of service.

The Practice Innovation Program's Resource hub has several resources with more details on this measure:

> Aspirin flowchart
>
> Aspirin field specifications
>
> Aspirin full value sets

Blood Pressure Measure

NQF: 0018

Description

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Guidance

Only blood pressure readings performed by a clinician in the provider office are acceptable for compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable.

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.

The Practice Innovation Program's Resource hub has several resources with more details on this measure:

Blood pressure flowchart

Blood pressure field specifications

Blood pressure full value sets

Cholesterol

Description

Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:

- Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR
- Adults aged ≥21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR
- Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL

Guidance

This measure line up with the 2013 guidelines for cholesterol management released by the American Heart Association and the American College of Cardiology. It matches the first three groups of patients that recommended to be on a statin: patients with diabetes mellitus, patients who had a prior heart attack or stroke (ASCVD), and patients with a LDL greater than 190.

Of note, the measure does not include the fourth group—primary prevention for those at higher 10-year risk of a first heart attack or stroke—because that is nearly impossible to measure in most EHR's. A full text version of the guidelines can be found here: http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.

ENSW practices not able to report on the original composite cholesterol measure can now meet the cholesterol measure requirement by reporting statin use in at least one of the following populations: 1) patients with atherosclerotic cardiovascular disease (AVSCD), 2) patients with diabetes, and/or 3)

patients with LDL >190. For example, a practice could use a diabetes registry and report the number of those in the registry that are prescribed a statin.

The Practice Innovation Program's Resource hub has several resources with more details on this measure:

[Cholesterol flowchart](#)

[Cholesterol field specifications](#)

[Cholesterol measure full value sets](#)

Smoking Cessation

NQF: 0028

Description

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Guidance

If a patient uses any type of tobacco (i.e. cigarettes, cigars, smokeless tobacco, etc.), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.

If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and should be considered a measure failure. Instances where tobacco use status of "unknown" is recorded include: 1) the patient was not screened; or 2) the patient was screened and the patient (or caregiver) was unable to provide a definitive answer. If the patient does not meet the screening component of the numerator but has an allowable medical exception, then the patient should be removed from the denominator of the measure and reported as a valid exception.

The Practice Innovation Program's Resource hub has several resources with more details on this measure:

[Smoking cessation flowchart](#)

[Smoking cessation field specifications](#)

[Smoking cessation full value sets](#)

PERIOD WAVE QUARTER LOOK-UP TABLE

WAVE	Period #	Period Month	Quarter End	Measurement Period Start Date	Measurement Period End Date
1	0	Baseline	Q4 CY 2015	1/1/2015	12/31/2015
	1	3-Month	Q1 CY 2016	4/1/2015	3/31/2016
	2	6-Month	Q2 CY 2016	7/1/2015	6/30/2016
	3	9-Month	Q3 CY 2016	10/1/2015	9/30/2016
	4	12-Month	Q4 CY 2016	1/1/2016	12/31/2016
	5	15-Month	Q1 CY 2017	4/1/2016	3/31/2017
2	0	Baseline	Q1 CY 2016	4/1/2015	3/31/2016
	1	3-Month	Q2 CY 2016	7/1/2015	6/30/2016
	2	6-Month	Q3 CY 2016	10/1/2015	9/30/2016
	3	9-Month	Q4 CY 2016	1/1/2016	12/31/2016
	4	12-Month	Q1 CY 2017	4/1/2016	3/31/2017
	5	15-Month	Q2 CY 2017	7/1/2016	6/30/2017
3	0	Baseline	Q2 CY 2016	7/1/2015	6/30/2016
	1	3-Month	Q3 CY 2016	10/1/2015	9/30/2016
	2	6-Month	Q4 CY 2016	1/1/2016	12/31/2016
	3	9-Month	Q1 CY 2017	4/1/2016	3/31/2017
	4	12-Month	Q2 CY 2017	7/1/2016	6/30/2017
	5	15-Month	Q3 CY 2017	10/1/2016	9/30/2017
4	0	Baseline	Q3 CY 2016	10/1/2015	9/30/2016
	1	3-Month	Q4 CY 2016	1/1/2016	12/31/2016
	2	6-Month	Q1 CY 2017	4/1/2016	3/31/2017
	3	9-Month	Q2 CY 2017	7/1/2016	6/30/2017
	4	12-Month	Q3 CY 2017	10/1/2016	9/30/2017
	5	15-Month	Q4 CY 2017	1/1/2017	12/31/2017
5	0	Baseline	Q4 CY 2016	1/1/2016	12/31/2016
	1	3-Month	Q1 CY 2017	4/1/2016	3/31/2017
	2	6-Month	Q2 CY 2017	7/1/2016	6/30/2017
	3	9-Month	Q3 CY 2017	10/1/2016	9/30/2017
	4	12-Month	Q4 CY 2017	1/1/2017	12/31/2017
	5	15-Month	Q1 CY 2018	4/1/2017	3/31/2018

Questions? Email EvidenceNOW.Southwest@ucdenver.edu