



# Chart Review\* Submission for Baseline, 12, & 18 Months

Practice ID: \_\_\_\_\_

\*Practice Level Data

Date of Review: \_\_\_\_\_

version 6\_3\_16

Please submit pages 1-2 to Northwestern for measures where desired PQRS or popHealth data is not obtainable.

## What ABCS measure does this form represent?

- Aspirin
- Blood Pressure
- Cholesterol
- Smoking

## This represents what data collection timepoint?

- Baseline
- 3 Months
- 6 Months
- 9 Months
- 12 Months
- 15 Months
- 18 months

## What is the reason for the chart review?

- EHR unable to produce any report (Always select for Cholesterol)
- EHR produces unbelievable denominator (Please submit bad PQRS report with this form)
- EHR can only produce old measure
- Other (please specify) \_\_\_\_\_

## Who completed these Chart Reviews?

- H3 Staff Completed Alone
- Practice Staff/Provider Completed Alone
- H3 Staff/Practice Completed Together

## How did you decide the next chart to review?

- Retrospectively Going through the Schedule (\*When you can't get a list of eligible patients from the EHR)
  - Reviewed 150 charts retrospectively and did not find 30 denominator eligible patients.
- Randomized Number List using EHR produced denominator list
  - How was this list produced so we can ensure we do this again at the next time point?
  - I used ALL of the codes in the H3 measure definition.
  - I used a proxy PQRS denominator. Please specify the NQF# \_\_\_\_\_
  - I used SOME codes from the H3 measure definition (include specific codes used):

---



---



---



---



---



**Chart Review\* Submission for Baseline, 12, & 18 Months**

Practice ID: \_\_\_\_\_

\*Practice Level Data

Date of Review: \_\_\_\_\_

version 6\_3\_16

What was the date range used for this review? \_\_\_\_\_

Total Denominator from list(s)\*: \_\_\_\_\_

\*For cholesterol measure please note the IVD and DM total denominators separately

**Please provide the totals for each of these categories:**

(This represents the structured data typically seen in a PQRS report)

Numerator (N)	Denominator Eligible (D) *Typically 30	Exception (X)

**Results for why the patient is not in the numerator or an exception:\***

\*These can also be used for the case failure review

Numerator on Review – Medication List Documentation Error	Numerator on Review – Blood Pressure Documentation Error	Numerator on Review – Status/Intervention Documentation Error

Exception on Review – Allergy Documentation List Error	Exception on Review – Diagnosis Documentation Error	No Diagnosis on Review – Diagnosis Documentation Error	Not Done Patient Reason

Remaining Potential Quality Gaps: \_\_\_\_\_

Notes: