2021 Practice Insights QCDR Measure Specifications

Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	NQF ID Number	NQS Domain	High Priority Measure	High Priority Type	Measure Type	Care Setting	Includes Telehealth	Meaningful Measure Area	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	Number of Performance Rates	Risk-Adjusted Status?
PI6785v1	Oncology: Advance Care Planning in metastatic cancer patients	Percentage of patients with metastatic (stage 4) cancer who have a documented Advance Care Planning discussions in the 6-8 months after metastatic diagnosis to inform treatment decisions and end of life care	Total number of patients with stage 4 cancer within two years of the measurement period and had an E/M visit within the measurement period	Patients who have had an advance care plan discussion with an advance care plan or surrogate decision maker documented in the medical record. Or, a documentation that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	None	None	N/A	Communication and Care Coordination	Yes	Patient Experience	Patient Engagement/Experience	Ambulatory Care: Clinician Office/Clinic	Yes	Care is Personalized and Aligned with Patient's Goals	No	Yes	No	No	1	No
PI6786v2	Oncology: Utilization of GCSF in metastatic colorectal cancer	Percentage of Stage 4 colon/rectal cancer patients receiving any within cell growth factors with chemotherapy	Total number of patients with metastatic colorectal cancer receiving chemotherapy within the measurement period	Patients ordered GCSF within 30 days following receipt of chemotherapy for metastatic colorectal cancer	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Efficiency and Cost/Resource Use	Ambulatory Care: Clinician Office/Clinic	Yes	Appropriate use of Healthcare	Yes	Yes	No	No	1	No
PI6787v2	Oncology: Combination chemotherapy recommended or received within 6 months of diagnosis by women under 70 with AJCC Stage T1c/N0M0 to Stage IB-IV/M1PR negative breast cancer	Percentage of female patients, age <70 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC Stage T1c/N0M0 (tumor greater than 1cm), or Stage IB-IV, whose primary tumor is progesterone and estrogen receptor negative recommended for multi-agent chemotherapy (recommended or administered) within 3 months (120 days) of diagnosis	Women under the age of 70 years old with AJCC T1c/N0M0, or Stage 1B-IV hormone receptor negative breast cancer	Combination chemotherapy is administered within 3 months of the date of diagnosis or it is recommended and not received within 6 months of the date of diagnosis	None	None	N/A	Communication and Care Coordination	Yes	Appropriate Use	Process	Ambulatory Care: Clinician Office/Clinic	Yes	Appropriate use of Healthcare	No	Yes	No	No	1	No
PI6788v2	Oncology: Patient reported pain improvement	Percentage of cancer patients currently receiving chemotherapy or radiation therapy who report significant pain improvement (high to moderate, moderate to low, or high to low) within 30 days	All patients, regardless of patient age, with a cancer diagnosis currently receiving chemotherapy (all encounters except hormone therapy) or radiation therapy who report a pain level higher than 0 on a pain scale of 0-10 during a qualifying E/M visit	Patients who report pain level improvement within 30 days (high to moderate, moderate to low, or high to low). High 7-10, moderate 4-6, low 1 and below or a 10-point pain scale	Patients who have died prior to 30 day follow up or hospice enrollment	Patient refused of pain management intervention	None	N/A	Person and Caregiver Centered Experience and Outcomes	Yes	Outcome	Patient Reported Outcome (PRO)	Ambulatory Care: Clinician Office/Clinic	No	Functional Outcomes	No	Yes	No	No	1	No
PI6789v0	Oncology: Mutation testing for lung cancer completed prior to start of targeted therapy	Proportion of stage 4 NSCLC patients tested for actionable biomarkers, including EGFR, BRAF mutation, ROS1, ALK rearrangement, PD-L1 expression, and received targeted therapy or chemotherapy based on biomarker results	Patients with stage 4 non-squamous, NSCLC receiving initial treatment during the measurement period	Patients who received mutation testing for all actionable biomarkers at Stage 4 diagnosis of NSCLC (including EGFR, BRAF mutation, ROS1, ALK rearrangement, PD-L1 expression); lung cancer treated with appropriate mutation directed therapy or standard chemotherapy if biomarker results are negative	Lack of tissue for testing	None	None	N/A	Effective Clinical Care	Yes	Appropriate Use	Process	Ambulatory Care: Clinician Office/Clinic	Yes	Management of Chronic Conditions	No	Yes	No	No	1	No
PI6790v0	Oncology: Supportive care drug utilization in last 30 days of life	Percentage of patients receiving supportive care drugs (including colony stimulating factors, bone health, supplemental iron medications, and neurokinin 1 (NK1) receptor antagonist antiemetics) during the 30 days prior to and including the date of death	All cancer patients (solid or hematologic tumor) with a documented cancer-related date of death within the reporting period	Patients who received supportive care drugs (including colony stimulating factors, bone health, supplemental iron medications, and neurokinin 1 (NK1) receptor antagonist antiemetics) during the 30 days prior to and including the date of death	None	None	None	N/A	Effective Clinical Care	Yes	Appropriate Use	Efficiency and Cost/Resource Use	Ambulatory Care: Clinician Office/Clinic	Yes	Appropriate use of Healthcare	Yes	Yes	No	No	1	No
PI6791v0	Oncology: Hepatitis B serology testing and prophylaxis treatment prior to reviewing anti-CD20 targeting drugs	Percentage of patients tested for Hepatitis B prior to starting anti-CD20 targeting treatment, including rituximab, obinutuzumab, and ofatumumab, and receiving positive for Hepatitis B receive prophylactic treatment	All patients 18 years or older who received anti-CD20 therapy during the measurement period	Patients screened for Hepatitis B (including surface antigen and core antibody) prior to treatment, if screening is positive, patient receives prophylactic treatment	Patients participating in a clinical trial, active Hepatitis B	Patient refused screening	None	N/A	Patient Safety	Yes	Patient Safety	Process	Ambulatory Care: Clinician Office/Clinic	Yes	Preventable Healthcare Harm	No	Yes	No	No	1	No
PI6792v1	Oncology: Utilization of PET, PET/CT, or CT scans for breast cancer stage 0, I, or II at any time during the course of evaluation and treatment	Percentage of female breast cancer patients stage 0, I, or II with curative treatment intent (including observation, adjuvant chemotherapy, radiation or surgery) who receive a PET, PET/CT, or CT scan as part of initial staging, treatment, or routine surveillance	All female patients with stage 0, I, or II breast cancer with curative treatment intent (i.e. observation, adjuvant therapy, radiation or surgery)	Patients receiving PET, PET/CT or CT scan within 5 years of initial diagnosis	• Metastatic disease • CT scan for radiation therapy planning • Other cancer or medical condition requiring imaging/scans • Signs or symptoms of recurrence/metastatic disease requiring imaging	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	Ambulatory Care: Clinician Office/Clinic	Yes	Appropriate use of Healthcare	Yes	Yes	No	No	1	No