Appendix 1. DEFINITIONS AND EXPLANATIONS

Study Measure  Proportion of active eligible patients in your practice that have achieved the criteria that meet the guideline measure.

Active prescription  A prescription is considered active if it lacks a discontinuation date.

Adult patient  A patient who is 18 years old or older

Active patient  A patient is defined as active if he/she has had a visit within 1 year. CCDA files are generated on all patients regardless of patient status. All deceased and inactive patients will drop off your report after 1 year. To remove inactive patients immediately, please assign a usual provider name of “INACTIVE, INACTIVE” with corresponding provider code of INA, or for deceased patients, please assign a usual provider name of “DECEASED, DECEASED” with corresponding provider code of DEC. Alternatively, you can use any of the following codes to remove deceased patients:

<table>
<thead>
<tr>
<th>Coding System</th>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNOMEDCT</td>
<td>371828006</td>
<td>Patient deceased during stay (discharge status = dead) (finding)</td>
</tr>
<tr>
<td>SNOMEDCT</td>
<td>18632008</td>
<td>Patient status determination, deceased (finding)</td>
</tr>
<tr>
<td>SNOMEDCT</td>
<td>1917008</td>
<td>Patient discharge, deceased, medicolegal case (procedure)</td>
</tr>
<tr>
<td>SNOMEDCT</td>
<td>3133002</td>
<td>Patient discharge, deceased, autopsy (procedure)</td>
</tr>
<tr>
<td>SNOMEDCT</td>
<td>371828006</td>
<td>Patient deceased during stay (discharge status = dead) (finding)</td>
</tr>
<tr>
<td>SNOMEDCT</td>
<td>41819004</td>
<td>Patient discharge, deceased, donation of body (procedure)</td>
</tr>
<tr>
<td>SNOMEDCT</td>
<td>79779006</td>
<td>Patient discharge, deceased, no autopsy (procedure)</td>
</tr>
<tr>
<td>SNOMEDCT</td>
<td>89334003</td>
<td>Patient discharge, deceased, to anatomic board (procedure)</td>
</tr>
<tr>
<td>ICD9</td>
<td>798.1</td>
<td>DEATH, INSTANTANEOUS</td>
</tr>
<tr>
<td>ICD10</td>
<td>R99</td>
<td>Ill-defined and unknown cause of mortality</td>
</tr>
<tr>
<td>ICD9</td>
<td>798.2</td>
<td>DEATH, LESS THAN 24 HRS ONSET SYMP</td>
</tr>
<tr>
<td>ICD9</td>
<td>798.9</td>
<td>DEATH, UNATTENDED</td>
</tr>
</tbody>
</table>

Active diagnosis  A diagnosis is considered active if it has been recorded either on a problem list (“major problems” or “other problems”), diagnosis list, or Risks table (PP users ONLY) and not designated with a “resolved date” (MDSuite users: “status of inactive, resolved or error”).

Benchmark  Line indicating achievable benchmark of care (ABC™)* of 90th percentile of all PPRNet practices. Typically recalculated each January.

Lab results  Lab results are located in the laboratory tables, not in the Lab Miscellaneous section.

Median  Line indicating 50th percentile of all PPRNet practices (recalculated each January).

National  Line indicating published national data for the specific measure (where available).

Subgroup sizes  Represents the minimum and maximum number of eligible patients each month over time.

SQUID  Summary Quality Indicator reflects the average proportion of quality processes and outcomes that are up-to-date and under control in your practice. The SQUID score for each patient is calculated by dividing the number of measures each patient has met by the number of measures for which he/she is eligible. For example, a 46 year old woman with no chronic disease is eligible for 9 processes (BP monitoring,
total cholesterol, HDL, Pap smear, Td vaccine, Flu vaccine; depression, alcohol, and smoking screening) and 0 outcome measures. If she is up-to-date with these four measures: BP monitoring, Pap Smear, Td and flu vaccine, but not the other 5 measures, her SQUID=4/9=0.44. The mean SQUID score across all the patients in your practice is the practice SQUID and can be tracked over time to help quantify overall practice improvement in quality performance indicators.

PPRNet reports aim to include ALL appropriate codes from a variety of different standard vocabularies (Including SNOMEDCT, ICD-9, ICD-10, RXNORM, LOINC, CPT, CPT-II, CVX and HCPCS codes).

**PLEASE NOTE:** The PPRNet Code Value set is considered PPRNet’s Intellectual Property, and thus is not publicized on our webpage- For our members, we are happy to confirm any codes your practice may be using for various data elements included in these reports. Alternatively, to aid in setup we’ve provided a list of the top 5 most popular codes used by PPRNet members to document procedures used in the PPRNet Report measures. Please use the PPRNetReportingQuestion_SupportTicket for this and all other reporting questions.

<table>
<thead>
<tr>
<th>Diabetes Mellitus</th>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPRNet Measure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Screening for Type 2 Diabetes Mellitus</td>
<td>Patients ages 40 to 70 with BMI &gt;25 and without active dx of Diabetes Mellitus</td>
<td>Glucose test or HbA1c lab result recorded in previous 3 years</td>
</tr>
<tr>
<td>1.2</td>
<td>Diabetes: High blood pressure control</td>
<td>Patients 18-75 years of age with an active DX of Diabetes Mellitus and a BP recorded in vital signs in previous 6 months</td>
<td>Most recent systolic BP &lt;140 and diastolic &lt; 90 in previous year</td>
</tr>
<tr>
<td>1.3</td>
<td>Diabetes: Hemoglobin A1c control (&lt; 7%)</td>
<td>Patients 18-75 years of age with an active DX of Diabetes Mellitus</td>
<td>Most recent HgbA1c lab result in previous year is &lt; 7%</td>
</tr>
<tr>
<td>1.4</td>
<td>Diabetes: Hemoglobin A1c control (&lt; 8%)</td>
<td>Patients 18-75 years of age with an active DX of Diabetes Mellitus</td>
<td>Most recent HgbA1c lab result in previous year is &lt; 8%</td>
</tr>
<tr>
<td>1.5</td>
<td>Diabetes: Hemoglobin A1c (HbA1c) poor control (&gt; 9%)</td>
<td>Patients 18-75 years of age with an active DX of Diabetes Mellitus [Excluding Patients who received hospice services at any time in the previous 12 months]</td>
<td>Most recent HgbA1c lab result in previous year is &lt;= 9%</td>
</tr>
<tr>
<td>1.6</td>
<td>Nephropathy Assessment</td>
<td>Patients 18-75 years of age with an active DX of Diabetes Mellitus</td>
<td>Active Rx for ACE-I or ARB -OR- active Dx of CKD -OR- have had a urinary microalbumin lab result recorded in previous year</td>
</tr>
<tr>
<td>1.7</td>
<td>Diabetes: Foot exam</td>
<td>Patients 18-75 years of age with an active DX of Diabetes Mellitus</td>
<td>A diabetic foot exam recorded in previous year</td>
</tr>
<tr>
<td>1.8</td>
<td>Diabetes: Dilated eye exam</td>
<td>Patients 18-75 years of age with an active DX of Diabetes Mellitus</td>
<td>A dilated eye exam recorded in previous year</td>
</tr>
</tbody>
</table>

### Cardiovascular Disease

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Screening for high blood pressure</td>
<td>All adult patients</td>
</tr>
<tr>
<td>2.2</td>
<td>Patients diagnosed with HTN for 3 BP measures ≥ 140/90 in past year</td>
<td>Adults with 3 BP measures ≥ 140/90 in past year</td>
</tr>
<tr>
<td>2.3</td>
<td>Controlling high blood pressure (BP)</td>
<td>Patients 18-85 years of age with active DX of Hypertension [Excluding Patients with ESRD, dialysis, renal transplant, pregnancy during the year, or who received Hospice services]</td>
</tr>
<tr>
<td>2.4</td>
<td>Cholesterol Abnormalities screening and HDL-C screening</td>
<td>Patients 40-75 years old</td>
</tr>
<tr>
<td>2.5</td>
<td>^^^Concordance with ACC/AHA Cholesterol Guidelines for ASCVD Risk Reduction</td>
<td>Patients 21 years old and older</td>
</tr>
<tr>
<td>2.6</td>
<td>Ischemic Vascular Disease: Use of aspirin or another antithrombotic</td>
<td>Adult patients with active DX of Ischemic Vascular Disease</td>
</tr>
<tr>
<td>2.7</td>
<td>Antiplatelet Medication for High Risk Patients</td>
<td>Patients 50-69 years old with greater than 10% 10-year CVD risk</td>
</tr>
<tr>
<td>2.8</td>
<td>Patients with atrial fibrillation with current anti-platelet or oral anticoagulant Rx</td>
<td>Adults with active DX of Atrial Fibrillation</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>Criteria</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
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</tr>
<tr>
<td>2.9</td>
<td>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</td>
<td>Adults with active Dx of nonvalvular Atrial Fibrillation or Atrial Flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor: High risk include: Prior stroke, TIA or systemic embolism Medium risk include: Age ≥ 75 years, Hypertension, Diabetes Mellitus, Heart failure, or systolic heart failure [Excluding Patients with mitral stenosis or prosthetic heart valves OR patients with transient or reversible cause of Atrial Fibrillation (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)]</td>
</tr>
<tr>
<td>2.10</td>
<td>Heart Failure (HF): ACE inhibitor or ARB Therapy</td>
<td>Adults with active DX of Systolic Heart Failure, Congestive Heart Failure, or Heart Failure NOS</td>
</tr>
<tr>
<td>2.11</td>
<td>Heart Failure (HF): Beta blocker Therapy</td>
<td>Adults with active DX of Systolic Heart Failure, Congestive Heart Failure, or Heart Failure NOS</td>
</tr>
<tr>
<td>2.12</td>
<td>Patients screened for abdominal aortic aneurysm</td>
<td>Men ages 65-75 years old with any Tobacco related DX or positive Tobacco Use recorded in Vital Signs. Includes Tobacco Abuse &amp; Past Tobacco Abuse</td>
</tr>
</tbody>
</table>
### Chronic Kidney Disease

**CKD Definitions:**

**Patients meet criteria for CKD** if most recent eGFR is <60 and an eGFR more than 90 days before most recent eGFR is also <60 OR a patient has Stage A2 or Stage 3 Albuminuria.

**Stage A1 Albuminuria:** Last urine alb to cr ratio <30 mg/g or urine prot to cr ratio <150 mg/g

**Stage A2 Albuminuria:** Last urine alb to cr ratio 30-300 mg/g or urine prot to cr ratio 150-500 mg/g

**Stage A3 Albuminuria:** Last urine alb to cr ratio >300 mg/g or urine prot to cr ratio >500 mg/g

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Screening for albuminuria in patients at risk for CKD (DM and/or HTN)</td>
<td>Adults with active Dx of Diabetes Mellitus and/or active Dx of Hypertension, excluding patients meeting criteria for CKD</td>
<td>Test for albuminuria or urine protein (spot albumin to creatinine, albumin specific dipstick, urine protein/creat ratio, 24 hr urine albumin, “microalbumin”) in past 12 months</td>
</tr>
<tr>
<td>3.2 Monitoring for albuminuria in patients with CKD</td>
<td>Adults meeting criteria for CKD, excluding pts with Stage A3 albuminuria</td>
<td>Lab test for urine albumin to creatinine ratio or urine protein to creatinine ratio (spot or 24 hours) in past 12 months</td>
</tr>
<tr>
<td>3.3 Chronic Kidney Disease (CKD): eGFR Monitoring</td>
<td>Adults with calculated stage 3A, 3B or 4 CKD (eGFR 15-60) by CKD EPI equation</td>
<td>eGFR or serum creatinine recorded in past 6 months</td>
</tr>
<tr>
<td>3.4 Chronic Kidney Disease (CKD): Hemoglobin Monitoring</td>
<td>Adults with Stage 3B-5 CKD (eGFR&lt;45)</td>
<td>Hemoglobin lab result recorded in past 12 months</td>
</tr>
<tr>
<td>3.5 Blood pressure control (&lt;140/90) in patients with CKD (excluding patients with Stage A3 albuminuria)</td>
<td>Adults meeting criteria for CKD excluding pts with Stage A3 albuminuria</td>
<td>Most recent BP less than 140/90 mmHg</td>
</tr>
<tr>
<td>3.6 Tight blood pressure control (&lt;130/80) in patients with Stage A3 Albuminuria</td>
<td>Adults with stage A3 albuminuria</td>
<td>Most recent BP less than 130/80 mmHg</td>
</tr>
<tr>
<td>3.7 ACE Inhibitor or ARB Therapy in patients with HTN and Stage A3 Albuminuria</td>
<td>Adults with dx of HTN and meeting criteria for CKD with stage 3 albuminuria</td>
<td>Active Rx for ACEI or ARB</td>
</tr>
</tbody>
</table>
### 3.8 ACE Inhibitor or ARB Therapy in patients with Stage A2 Albuminuria

<table>
<thead>
<tr>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults meeting criteria for CKD and with dx of HTN with stage A2 albuminuria</td>
<td>Active Rx for ACEI or ARB</td>
</tr>
</tbody>
</table>

### 3.9 Glycemic control (A1c <7%) in patients with CKD and DM

<table>
<thead>
<tr>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients 18-75 years old with active dx of DM meeting criteria for CKD</td>
<td>HgbA1c lab measured in previous 12 months AND most recent result is ≤ 7%</td>
</tr>
</tbody>
</table>

### 3.10 Treatment of dyslipidemia in patients with CKD

<table>
<thead>
<tr>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 50 and over meeting criteria for CKD excluding pts with ESRD OR adults 18-49 with CKD and CAD, DM, CVD or 10 year risk of coronary disease&gt;10% using ACC/AHA risk calculation excluding pts with ESRD</td>
<td>Active Rx for statin or statin ezetimibe combination</td>
</tr>
</tbody>
</table>

### 3.11 NSAID or Cox 2 Inhibitor Use in Patients with Heart Failure (HF) or Chronic Kidney Disease (CKD)

<table>
<thead>
<tr>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults meeting criteria for CKD</td>
<td>No active Rx for NSAID or COX-2 Inhibitor</td>
</tr>
</tbody>
</table>

### Women’s Health Care

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Chlamydia screening for women</td>
<td>Women ages 16-24 years old</td>
<td>Screening for Chlamydia recorded in previous year</td>
</tr>
<tr>
<td>4.2 Osteoporosis screening for women</td>
<td>Women ages 65 years and older</td>
<td>Screening for Bone Densitometry recorded since 65th birthday</td>
</tr>
</tbody>
</table>

### Cancer Screening

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Cervical cancer screening</td>
<td>Women ages 21-65 years old without Hysterectomy recorded in DX, Procedures</td>
<td>Pap Smear recorded in previous 3 years or, for women ages 30 to 65 years, Pap smear and HPV test recorded in previous 5 years</td>
</tr>
<tr>
<td>5.2 Breast cancer screening</td>
<td>Women ages 50-74 years old [Excluding Patients with a bilateral mastectomy recorded or who received hospice services at anytime during the previous 12 months]</td>
<td>Mammogram recorded in previous 2 years</td>
</tr>
<tr>
<td>5.3 Colorectal cancer screening</td>
<td>Adults ages 50-75 years old [Excluding Patients with colorectal cancer or a total colectomy recorded or who received hospice services at anytime during the previous 12 months]</td>
<td>gFOBT/ FIT test recorded in past year, OR FIT-DNA test in previous 3 years , OR Sigmoidoscopy, or CT Colonography recorded in previous 5 years, or Colonoscopy recorded in previous 10 years</td>
</tr>
</tbody>
</table>
**Infectious Disease Screening**

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 HIV screening</td>
<td>Patients ages 15-65 years old</td>
<td>HIV screening lab result ever recorded</td>
</tr>
<tr>
<td>6.2 Hepatitis C Screening</td>
<td>Patients born between 1945 and 1965</td>
<td>Hepatitis C screening lab result ever recorded</td>
</tr>
</tbody>
</table>

**Immunizations**

*NOTE: Practice Partner Immunization data is limited to dates that fall within the extract date range entered into field: “Export only patient data from _____ until _____”. If you’ve entered back dated Immunizations, you will want to use a longer date range. Additionally, you will want to be sure that the Immunization Report Status Default includes all statuses indicating the vaccine has been administered [See Fig. 1 on last page of Appendix 1 for details].

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
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<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Tetanus</td>
<td>Patients ages 12 years and older</td>
<td>Recorded in the previous 10 years</td>
</tr>
<tr>
<td>7.2 Influenza</td>
<td>Patients ages 6 months old and older</td>
<td>Recorded in the past year</td>
</tr>
<tr>
<td>7.3 Pneumococcal Vaccination Status for Older Adults</td>
<td>Patients ages 65 years and older [Excluding Patients who received hospice services at any time in the previous 12 months]</td>
<td>Ever recorded</td>
</tr>
<tr>
<td>7.4 Pneumococcal: high risk patients</td>
<td>Patients ages 18-64 years old with active DX of Diabetes Mellitus, Heart Failure, COPD, Chronic Kidney Disease, Alcohol Abuse, Alcohol Dependence, or current tobacco abusers/smokers</td>
<td>Ever recorded</td>
</tr>
<tr>
<td>7.5 Hepatitis A</td>
<td>Adults with active DX of Chronic Liver Disease</td>
<td>Two ever recorded</td>
</tr>
<tr>
<td>7.6 Meningococcal</td>
<td>Patients ages 11-19 years old</td>
<td>Ever recorded</td>
</tr>
<tr>
<td>7.7 HPV</td>
<td>Patients ages 9-26 years old</td>
<td>Three ever recorded</td>
</tr>
<tr>
<td>7.8 Zoster (shingles)</td>
<td>Patients ages 60 years old and older</td>
<td>Ever recorded</td>
</tr>
</tbody>
</table>
### Mental Health and Substance Abuse

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Depression screening (adults)</td>
<td>All adult patients</td>
<td>Active DX of Depression or Screening for Depression recorded in previous 2 years</td>
</tr>
<tr>
<td>8.2 Anti-depressant medication management</td>
<td>Adults with active DX of Depression</td>
<td>A current prescription recorded for an antidepressant medication</td>
</tr>
<tr>
<td>8.3 Alcohol misuse: screening</td>
<td>All adult patients</td>
<td>Active DX of Alcohol Abuse, Alcohol Dependence, or High-Risk Drinker—or—Screening for Alcohol use recorded in previous 2 years as a lab result or in DX, Procedures, or Risks</td>
</tr>
<tr>
<td>8.4 Patients with alcohol diagnosis or at-risk drinking with alcohol counseling in past year</td>
<td>Adults with active DX of Alcohol Abuse, Alcohol Dependence or &quot;at risk&quot; drinking</td>
<td>Alcohol Counseling or Brief Intervention recorded in past year</td>
</tr>
<tr>
<td>8.5 Patients with alcohol diagnosis with current alcohol prescription</td>
<td>Adults with active DX of Alcohol Abuse or Alcohol Dependence</td>
<td>A current prescription recorded for an alcohol medication</td>
</tr>
<tr>
<td>8.6 Tobacco Use: Screening and cessation intervention</td>
<td>Patients ages 18 years old and older</td>
<td>DX of Tobacco Abuse or Screening for Tobacco use recorded in previous 2 years – AND- who received cessation counseling intervention if identified as a tobacco user</td>
</tr>
</tbody>
</table>

### Respiratory Disease

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Use of appropriate medications for asthma</td>
<td>Patients 5 years old and older with active DX of asthma</td>
<td>A current prescription recorded for an Anti-inflammatory (controller) medication</td>
</tr>
<tr>
<td>9.2 Appropriate treatment for children with upper respiratory infection (URI)</td>
<td>Patients 3months-17 years with DX in previous month of the common cold, pharyngitis, or acute bronchitis (excludes visits with concomitant diagnoses of otitis media, pneumonia, sinusitis, streptococcus or COPD)</td>
<td>No prescription recorded for an antibiotic medication within 3 days of the DX</td>
</tr>
</tbody>
</table>
### Medication Safety

<table>
<thead>
<tr>
<th>Practice Guideline Study Measure</th>
<th>Eligible Patients</th>
<th>Criteria that meets Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Use of high-risk medications in the elderly</td>
<td>Patients ages 66 years old or older</td>
<td>No current prescription recorded for Anticholinergics (benztropine), Antihistamines (diphenhydramine, doxylamine, hydroxyzine), Antithrombotics (dipyridamole, ticlopidine), Barbiturates (butalbital combinations), Centrally acting alpha agonists (guanfacine, methyl dopa), Endocrine agents (thyroid USP, megestrol), GI antispasmodics and antiemetics (dicyclomine, scopolamine), Long-acting benzodiazepines (chlor Diazepoxide, diazepam), Long-acting sulfonylureas (chlorpropamide, glyburide), Oral estrogens, Pain medications (indomethacin, ketorolac, meperidine), Phenothiazines (promethazine, prochlorperazine), Skeletal muscle relaxants (carisoprodol, cyclobenzaprine, metaxalone), Tricyclic antidepressants (amitriptyline, imipramine), Vasodilators (ergoloid)</td>
</tr>
<tr>
<td>10.2 Use of Benzodiazepines in the Elderly years</td>
<td>Patients ages 65 years old or older with current Benzodiazepine prescription</td>
<td>Current Benzodiazepine prescription within daily dose limits: alprazolam 2mg, lorazepam</td>
</tr>
<tr>
<td>Section</td>
<td>Instruction</td>
<td>Patients</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>10.3</td>
<td>^Appropriate dosages of H2 blockers in patients with decreased renal function</td>
<td>Patients with GFR &lt; 50 ml/min with current H-2 blocker prescription</td>
</tr>
<tr>
<td>10.4</td>
<td>Avoid Rx of anticholinergic in patients with Dx of dementia</td>
<td>Patients with Dx of dementia</td>
</tr>
<tr>
<td>10.5</td>
<td>Avoid Rx for NSAID or Cox 2 Inhibitor in patients with Dx of heart failure, hypertension or chronic kidney disease</td>
<td>Patients with Dx of Heart Failure, hypertension or chronic kidney disease</td>
</tr>
<tr>
<td>10.6</td>
<td>Avoid Rx for thiazolidinedione in patients with Dx of heart failure</td>
<td>Patients with Dx of Heart Failure</td>
</tr>
<tr>
<td>10.7</td>
<td>Avoid metformin in patients with eGFR &lt; 30 ml/min per 1.73 m2</td>
<td>Patients with most recent eGFR &lt; 30 ml/min per 1.73 m2</td>
</tr>
<tr>
<td>10.8</td>
<td>Monitoring Serum Creatinine</td>
<td>Patients with Rx for any ACE Inhibitor or A II Inhibitor, Digoxin, any diuretic, or Metformin</td>
</tr>
<tr>
<td>10.9</td>
<td>^Serum creatinine measured in past six months in either (patients ≥ 65 years or with CrCl &lt; 50 ml/min) and Rx for (ACE Inhibitor or A II Inhibitor) and K sparing diuretic</td>
<td>Either patients ≥ 65 years old OR with GFR &lt; 50 ml/min and Rx for (ACE Inhibitor or A II Inhibitor) and K Sparing diuretic</td>
</tr>
<tr>
<td>10.10</td>
<td>Treatment of Hypokalemia</td>
<td>Patients with Rx for any thiazide and Potassium measure in past year</td>
</tr>
<tr>
<td>10.11</td>
<td>Hemoglobin measured in past year in patients with Rx for any anti-platelet (excluding Aspirin) or oral anticoagulant</td>
<td>Patients with Rx for any Anti-Platelet (excluding Aspirin) or Oral Anticoagulant</td>
</tr>
<tr>
<td>10.12</td>
<td>Glucose measured in past year in patients with Rx for any antipsychotic</td>
<td>Patients with Rx for any Antipsychotic</td>
</tr>
<tr>
<td>10.13</td>
<td>Patients with active Rx for Warfarin with INR measured in past 45 days</td>
<td>Patients with active Rx for Warfarin</td>
</tr>
<tr>
<td></td>
<td>Patients with Dx of A-fib and Warfarin Rx with INR within the therapeutic range</td>
<td>Patients with active Dx of Atrial fibrillation AND with an active Rx for Warfarin</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
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<tr>
<td>10.14</td>
<td>Avoiding Use of CNS Depressants in Patients on Long-Term Opioids</td>
<td>Adults with a current rx for an opioid (opioid therapy &gt;= 90 days)</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Provider Report**

One row per “usual” provider assigned to active patients  
Percent Performance for each of 70 PPRNet measures

**PLR Registry Tab (one row per active patient)**

- **Demographics (11-12 columns)**
  - Patient ID/MRN (EPIC)
  - Last Name
  - First Name
  - PPRNet ID
  - Date of Birth
  - Sex
  - Age
  - Race
  - Insurance 1
  - Insurance 2 (EPIC only)
  - Last Encounter Date

- **Summary Measure (3 columns)**
  - Number of variables eligible for SQUID
  - SQUID
  - Number of CMS Chronic Conditions

- **Vital Signs (6 columns)**
  - Last BP Date
  - Systolic Value
  - Diastolic Value
  - BMI Date
  - Calculated BMI (calculates from height and weight)
  - Current Smoking Status

- **Problems/Diagnoses (14 columns)**
  - Alcohol Abuse
  - Asthma
  - Atrial Fibrillation
  - Hypertension
  - Ischemic Vascular Disease
  - Liver Disease
<table>
<thead>
<tr>
<th>COPD</th>
<th>Dementia</th>
<th>Depression Diabetes Mellitus</th>
<th>Heart Failure</th>
<th>Hyperlipidemia</th>
<th>Chronic Kidney Disease</th>
<th>Tobacco Abuse</th>
</tr>
</thead>
</table>

**Laboratory Results (27 columns)**

<table>
<thead>
<tr>
<th>Albumin Stage Date</th>
<th>Albumin Stage</th>
<th>Urine Albumin of Protein Value</th>
<th>Cholesterol Date</th>
<th>Cholesterol Value</th>
<th>Creatinine Date</th>
<th>Creatinine Value</th>
<th>eGFR</th>
<th>eGFR Category</th>
<th>Glucose Date</th>
<th>Glucose Value</th>
<th>HbA1c Date</th>
<th>HbA1c Value</th>
<th>HDL Date</th>
<th>HDL Value</th>
<th>Hemoglobin Date</th>
<th>Hemoglobin Value</th>
<th>Hepatitis C Scrn Date</th>
<th>HIV Scrn Date</th>
<th>INR Date</th>
<th>INR Value</th>
<th>LDL Date</th>
<th>LDL Value</th>
<th>Microalbumin Date</th>
<th>Microalbumin Value</th>
<th>Potassium Date</th>
<th>Potassium Value</th>
</tr>
</thead>
</table>

**Procedures (17 columns)**

*date for most recent*

<table>
<thead>
<tr>
<th>AAA Scrn</th>
<th>Alcohol Scrn</th>
<th>Alcohol Counsel</th>
<th>Bone Density Scrn</th>
<th>Chlamydia Scrn</th>
<th>Colonoscopy</th>
<th>CT Colonography</th>
<th>Depression Scrn</th>
<th>Diabetic Foot Exam</th>
<th>Dilated Eye Exam</th>
<th>gFOBT/FIT</th>
<th>FIT-DNA</th>
<th>Hysterectomy</th>
<th>Mammogram</th>
<th>Pap Smear</th>
<th>Sigmoidoscopy</th>
<th>Tobacco Counsel</th>
</tr>
</thead>
</table>

**Immunizations (7 columns)**

*date for most recent Vaccine*

<table>
<thead>
<tr>
<th>Flu Vaccine</th>
<th>Hepatitis A Vacc</th>
<th>HPV Vaccine</th>
<th>Meningococcal Vaccine</th>
<th>Pneumococcal Vaccine</th>
<th>Tetanus Vaccine</th>
<th>Zoster Vaccine</th>
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</thead>
</table>

**Medications – 26 columns**

*date for most recent active Rx of Active Medication*

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<tr>
<th>ACE I or ARB</th>
<th>Alcohol Rx</th>
<th>Broad Spectrum Antibiotic</th>
<th>Narrow Spectrum Antibiotic</th>
<th>Anticoagulant</th>
<th>Anticholinergic</th>
<th>Elderly Inappropriate</th>
<th>H2 Blocker</th>
<th>K-Sparing Diuretic</th>
<th>Loop Diuretic</th>
<th>Metformin</th>
<th>NSAID</th>
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<tbody>
<tr>
<td>Other Patient Level Reports</td>
<td>Description/Resources</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Chronic Kidney Disease Risk Registry</strong></td>
<td><strong>Normal to mildly increased</strong></td>
<td><strong>Moderately increased</strong></td>
<td><strong>Severely increased</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Persistent Albuminuria Categories, Description and Range</td>
<td>$&lt;30 \text{ mg/g} (&lt;3 \text{ mg/mmol})$</td>
<td>$30-300 \text{ mg/g} (3-30 \text{ mg/mmol})$</td>
<td>$&gt;300 \text{ mg/g} (&gt;30 \text{ mg/mmol})$</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Normal or high</td>
<td>$\geq 90$</td>
<td>1 if CKD</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2 Mildly decreased</td>
<td>60-89</td>
<td>1 if CKD</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Mildly to moderately decreased</td>
<td>45-59</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b Moderately to severely decreased</td>
<td>30-44</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4 Severely decreased | 15-29 | 3 | 3 | 4+
| 5 Kidney failure | $<15$ | 4+ | 4+ | 4+ |

**CMS Chronic Care Management**

In Calendar Year (CY) 2015, CMS will begin making separate payment under the Medicare Physician Fee Schedule (PFS) for chronic care management (CCM) services under Current Procedure Terminology (CPT) code 99490. CCM services are non-face-to-face care management/coordination services for certain Medicare beneficiaries having multiple (two or more) chronic conditions.
2013 ACC/AHA Cholesterol Guidelines for ASCVD Risk Reduction in Adults

Figure 2. Major recommendations for statin therapy for ASCVD prevention

ASCVD Statin Benefit Groups
Heart healthy lifestyle habits are the foundation of ASCVD prevention.
In individuals not receiving cholesterol-lowering drug therapy, recalculate estimated 10-y ASCVD risk every 4-6 y in individuals aged 40-75 y without clinical ASCVD or diabetes and with LDL-C 70-189 mg/dL.

- Adults age >21 y and a candidate for statin therapy
- Yes
- Clinical ASCVD
- No

Definitions of High- and Moderate-Intensity Statin Therapy (See Table 5)

- High Daily dose lowers LDL-C by approx. >50%
- Moderate Daily dose lowers LDL-C by approx. 30% to <50%

LDL-C ≥190 mg/dL
- Yes
- High-intensity statin
- (Moderate-intensity statin if not candidate for high-intensity statin)

LDL-C ≥190 mg/dL
- No
- Moderate-intensity statin

Diabetes
- Type 1 or 2
- Age 40-75 y
- Yes
- Estimate 10-y ASCVD Risk with Pooled Cohort Equations
- ≥7.5% estimated 10-y ASCVD risk and age 40-75 y
- Yes
- Moderate-to-high intensity statin
- No

ASCVD prevention benefit of statin therapy may be less clear in other groups. In selected individuals, consider additional factors influencing ASCVD risk and potential ASCVD risk benefits and adverse effects, drug-drug interactions, and patient preferences for statin treatment.
<table>
<thead>
<tr>
<th>Measure Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 PPRNet MIPS &amp; QCDR Measures</td>
</tr>
<tr>
<td>CMS ACO Clinical Quality Measures</td>
</tr>
<tr>
<td>U.S Preventive Services Task Force Recommendations</td>
</tr>
<tr>
<td>CDC Advisory Committee on Immunization Practices Recommendations</td>
</tr>
<tr>
<td>NIAAA Alcohol Screening and Intervention Recommendations</td>
</tr>
<tr>
<td>CDC Get Smart Treatment Guidelines for URI's</td>
</tr>
<tr>
<td>2017 PPRNet MIPS &amp; QCDR Measures</td>
</tr>
</tbody>
</table>

^estimated CrCl\textsubscript{Cockcroft} = \left[\frac{(140-\text{age})*\text{wt in kg}}{72} \times \text{SCR}\right] (females * 0.85).

^^GFR by MDRD = 175 \times \text{SerumCr}^{-1.154} \times \text{age}^{-0.203} \times 1.212 \times (\text{if patient is black}) \times 0.742 \times (\text{if female})


Appendix 2. STATISTICAL PROCESS CONTROL (SPC)

Statistical Process Control (SPC) is a method of monitoring, controlling and, ideally, improving a process through statistical analysis.

Control Chart
The control chart is a line chart with control (action) limits. It is based on the work of Walter Shewhart and W. Edwards Deming. By mathematically constructing control limits at 3 standard deviations above (upper control limit) and below (lower control limit) the average, one can determine what variation is due to normal ongoing causes (common causes) and what variation is produced by unique events (special causes). Special causes may be present if your practice is changing (e.g. growing) or if your approach to care has changed (e.g. greater attention to blood pressure control). By working to understand the reasons for special causes in your practice you can identify successful strategies for quality improvement.

The PPRNet practice report contains three types of control charts. Most are p-charts (attribute control charts), which show the percentage of patients that meet the specific guideline over time (e.g. page 3). C-charts show counts per month (e.g. page 1).

A process is in control if
- There are no sample points outside the upper and lower limits;
- Most points are near the process average;
- There are approximately an equal number of points above and below the centerline; and
- The points appear to be randomly distributed.

Tests for special causes are used to indicate when a process is out of control

<table>
<thead>
<tr>
<th>Test Index</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One point outside the control limits</td>
</tr>
<tr>
<td>2</td>
<td>9 points in a row on one side of the centerline</td>
</tr>
<tr>
<td>3</td>
<td>6 points in a row steadily increasing or steadily decreasing</td>
</tr>
<tr>
<td>4</td>
<td>14 points in a row alternating up and down</td>
</tr>
<tr>
<td>5</td>
<td>2 out of 3 points outside the control limits</td>
</tr>
<tr>
<td>6</td>
<td>4 out of 5 points in a row beyond outside 2 standard deviations</td>
</tr>
<tr>
<td>7</td>
<td>15 points in a row within 1 standard deviation on either or both sides of</td>
</tr>
<tr>
<td></td>
<td>centerline</td>
</tr>
<tr>
<td>8</td>
<td>8 points in a row on either or both sides of the centerline with no points</td>
</tr>
<tr>
<td></td>
<td>within 1 standard deviation</td>
</tr>
</tbody>
</table>
### Appendix 3. COMPARISON VALUES FOR CQMs WITH PUBLISHED REFERENCE: February 2016

<table>
<thead>
<tr>
<th>Study Measure</th>
<th>PPRNet ABC</th>
<th>PPRNet Median</th>
<th>National</th>
<th>National Value Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIABETES MELLITUS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening for Type 2 Diabetes Mellitus</td>
<td>97.2</td>
<td>91.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes: High blood pressure control</td>
<td>87.1</td>
<td>77.9</td>
<td>35.3(“treatment for and controlled BP”)</td>
<td>NHANES 2004</td>
</tr>
<tr>
<td>Diabetes: Hemoglobin A1c control (&lt; 7%)</td>
<td>56.0</td>
<td>50.0</td>
<td>39.8</td>
<td>NHANES 1999-2002</td>
</tr>
<tr>
<td>Diabetes: Hemoglobin A1c control (&lt; 8%)</td>
<td>75.8</td>
<td>70.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</td>
<td>87.4</td>
<td>82.1</td>
<td></td>
<td></td>
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<tr>
<td>Nephropathy Assessment</td>
<td>95.5</td>
<td>89.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes: Foot exam</td>
<td>74.4</td>
<td>58.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes: Dilated eye exam</td>
<td>49.7</td>
<td>25.0</td>
<td></td>
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<tr>
<td><strong>CARDIOVASCULAR DISEASE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening for high blood pressure</td>
<td>99.9</td>
<td>99.5</td>
<td>90.4</td>
<td>NHIS</td>
</tr>
<tr>
<td>Patients diagnosed with HTN for 3 BP measures ≥ 140/90 in past year</td>
<td>95.6</td>
<td>89.0</td>
<td>73.2</td>
<td>RAND</td>
</tr>
<tr>
<td>Controlling high blood pressure (BP)</td>
<td>83.4</td>
<td>73.8</td>
<td>52</td>
<td>NHANES 2011-2012</td>
</tr>
<tr>
<td>Cholesterol abnormalities screening</td>
<td>97.4</td>
<td>93.0</td>
<td>73.2</td>
<td>NHIS</td>
</tr>
<tr>
<td>Concordance with ACC/AHA Cholesterol Guidelines for ASCVD Risk Reduction</td>
<td>51.9</td>
<td>37.3</td>
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<tr>
<td>Ischemic Vascular Disease: Use of aspirin or oral anticoagulant Rx</td>
<td>88.1</td>
<td>80.3</td>
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<tr>
<td>Antiplatelet Medication for High Risk Patients</td>
<td>72.3</td>
<td>57.7</td>
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<tr>
<td>Patients with atrial fibrillation with current anti-platelet or oral anticoagulant Rx</td>
<td>91.9</td>
<td>87.7</td>
<td>60.0</td>
<td>NAMCS</td>
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<td>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</td>
<td>77.5</td>
<td>69.5</td>
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<tr>
<td>Heart Failure (HF): ACE inhibitor or ARB therapy</td>
<td>74.4</td>
<td>63.0</td>
<td>64.9 (LVS Dysfunction=63.9)</td>
<td>MQIOP</td>
</tr>
<tr>
<td>Heart Failure (HF): Beta-Blocker therapy</td>
<td>82.4</td>
<td>74.4</td>
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<td></td>
</tr>
<tr>
<td>Abdominal aortic aneurysm screening (men)</td>
<td>66.3</td>
<td>25.8</td>
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</tr>
<tr>
<td>Study Measure</td>
<td>PPRNet ABC</td>
<td>PPRNet Median</td>
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<tr>
<td><strong>CHRONIC KIDNEY DISEASE</strong>&lt;sup&gt;1,2&lt;/sup&gt;</td>
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<td></td>
</tr>
<tr>
<td>Screening for albuminuria in patients at risk for CKD (DM and/or HTN)</td>
<td>76.2</td>
<td>60.6</td>
<td></td>
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</tr>
<tr>
<td>Monitoring for albuminuria in patients with CKD</td>
<td>89.5</td>
<td>76.5</td>
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<tr>
<td>Chronic Kidney Disease (CKD): eGFR Monitoring</td>
<td>87.9</td>
<td>81.0</td>
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<tr>
<td>Chronic Kidney Disease (CKD): Hemoglobin Monitoring</td>
<td>95.8</td>
<td>88.7</td>
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<tr>
<td>Blood pressure control (&lt;140/90) in patients with CKD (excluding patients with Stage A3 albuminuria)</td>
<td>88.3</td>
<td>78.0</td>
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<tr>
<td>Tight blood pressure control (&lt;130/80) in patients with Stage A3 Albuminuria</td>
<td>41.1</td>
<td>33.1</td>
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<tr>
<td>ACE Inhibitor or ARB Therapy in patients with HTN and Stage A3 Albuminuria</td>
<td>77.2</td>
<td>73.4</td>
<td></td>
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<tr>
<td>ACE Inhibitor or ARB Therapy in patients with HTN and Stage A2 Albuminuria</td>
<td>85.1</td>
<td>72.7</td>
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<tr>
<td>Glycemic control (A1c ≤ 7%) in patients with CKD and DM</td>
<td>54.2</td>
<td>50.7</td>
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<tr>
<td>Treatment of dyslipidemia in patients with CKD</td>
<td>75.1</td>
<td>64.2</td>
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<tr>
<td>NSAID or Cox 2 Inhibitor Use in Patients with Heart Failure (HF) or Chronic Kidney Disease (CKD)</td>
<td>95.5</td>
<td>91.4</td>
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<td><strong>WOMEN’S HEALTH CARE</strong></td>
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<tr>
<td>Chlamydia screening for women</td>
<td>53.5</td>
<td>23.1</td>
<td>41.6</td>
<td>MMWR&lt;sup&gt;3&lt;/sup&gt;</td>
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<tr>
<td>Osteoporosis screening for women</td>
<td>81.1</td>
<td>58.9</td>
<td></td>
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<td><strong>CANCER SCREENING</strong></td>
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<tr>
<td>Cervical cancer screening</td>
<td>60.5</td>
<td>41.4</td>
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<td>Breast cancer screening</td>
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<td>Colorectal cancer screening</td>
<td>77.6</td>
<td>59.7</td>
<td>42.0 (≥50 yrs)</td>
<td>Liang et al, 2006&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>HIV screening</td>
<td>43.7</td>
<td>18.3</td>
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<td>Hepatitis C Screening</td>
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<td>45.4</td>
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<td><strong>IMMUNIZATIONS</strong></td>
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<tr>
<td>Tetanus</td>
<td>83.9</td>
<td>67.5</td>
<td>62.0</td>
<td>CDC; MMWR&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Influenza</td>
<td>60.0</td>
<td>44.2</td>
<td>39.4; 43.2 (≥19 yrs) 47.7 (50-64 yrs) 71.5 (≥65yr)</td>
<td>CDC; MMWR&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pneumococcal Vaccination Status for Older Adults</td>
<td>91.2</td>
<td>84.8</td>
<td>61.4</td>
<td>CDC</td>
</tr>
<tr>
<td>Pneumococcal: high-risk patients</td>
<td>60.5</td>
<td>40.1</td>
<td>20.3</td>
<td>MMWR&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>34.6</td>
<td>16.7</td>
<td>13.8</td>
<td>MMWR&lt;sup&gt;8&lt;/sup&gt;</td>
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v. 6.17
<table>
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<th>%</th>
<th>%</th>
<th>%</th>
<th>Reference</th>
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</thead>
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<tr>
<td>Meningococcal</td>
<td>83.2</td>
<td>72.3</td>
<td>32.4</td>
<td>(13-17yrs) MMWR5</td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td>46.8</td>
<td>37.4</td>
<td>40.2</td>
<td>(19-26 yrs) MMWR8</td>
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<td>Zoster (Shingles)</td>
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**MENTAL HEALTH AND SUBSTANCE ABUSE**

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<td>65.1 (18-64 yrs) NHQR</td>
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<td>Alcohol misuse: screening</td>
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<td>Patients with alcohol diagnosis or at-risk drinking with alcohol counseling in past year</td>
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<td>Tobacco Use: Screening and cessation intervention</td>
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**RESPIRATORY DISEASE**

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<td>Appropriate treatment for children with upper respiratory infection (URI)</td>
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<td>Appropriate treatment for adults with upper respiratory infection (URI)</td>
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<td>93.9</td>
<td>&lt;5y, 794/1000; ≥5y, 156/1000; Grijalva et al, 20096</td>
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<td>Patients with sinusitis/strep pharyngitis/otitis media/COPD exacerbation prescribed antibiotics with narrow spectrum antibiotic Rx</td>
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**MEDICATION SAFETY**

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<td>Use of Benzodiazepines in the Elderly</td>
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<td>Appropriate dosages of H2 blockers in patients with CrCl &lt; 50 ml/min</td>
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<td>Avoid Rx of anticholinergic in patients with Dx of dementia</td>
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<td>Avoid Rx for NSAID or Cox 2 Inhibitor in patients with Dx of Heart Failure or HTN or CKD</td>
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<td>Avoid Rx for thiazolidinedione in patients with Dx of heart failure</td>
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<td>Avoid metformin in patients with eGFR &lt; 30 ml/min per 1.73 m2</td>
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<td>Monitoring Serum Creatinine</td>
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<td>Serum creatinine measured in past six months in either (patients ≥ 65 years or with CrCl &lt; 50 ml/min) and Rx for (ACE Inhibitor or A II Inhibitor) and K Sparing diuretic</td>
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<td>Treatment of Hypokalemia</td>
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<td>Hemoglobin measured in past year in patients with Rx for any Anti-Platelet (excluding Aspirin) or Oral Anticoagulant</td>
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<td>Glucose measured in past year in patients with Rx for any Antipsychotic</td>
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<td>Patients with active Rx for Warfarin with INR measured in past 45 days</td>
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<td>Patients with Dx of A-fib and Warfarin Rx with INR within the therapeutic range</td>
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<td>Avoiding Use of CNS Depressants in Patients on Long-Term Opioids</td>
<td>75.1</td>
<td>67.5</td>
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</tbody>
</table>
BRFSS: Centers for Disease Control, Behavioral Risk Factor Surveillance System
CDC: Centers for Disease Control, National Immunization Survey
HEDIS: NCQA Healthcare Effectiveness Data and Information Set
MEPS: AHRQ Center for Financing Access and Cost Trends, Medical Expenditure Panel Survey
MMWR: Morbidity and Mortality Weekly Report, Centers for Disease Control.
MQIOP: Centers for Medicare and Medicaid Services, Medicare Quality Improvement Organization Program
NAMCS: National Ambulatory Medical Care Survey
NHANES: NCHS National Health and Nutrition Examination Survey
NHIS: NCHS National Health Interview Survey

1 http://kdigo.org/home/guidelines/ckd-evaluation-management/
2 http://kdigo.org/home/guidelines/blood-pressure-in-ckd/
# Appendix 4. TOP 5 CODES FOR DOCUMENTING PROCEDURES: SEPTEMBER, 2016

<table>
<thead>
<tr>
<th>Diabetic Foot Exam</th>
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<th>Dilated Eye Exam</th>
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<tr>
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<th>Pap Smear</th>
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<th>Code System</th>
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<th>Tobacco Use Screening</th>
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