



Overview of Chart Review Measures

Asthma

	Specifications	Level of Evidence (LOE)*	Notes (Endorsing Organizations are indicated. See appendix for acronyms and sources)
Continued Care Visit with assessment of symptoms	Continued care visit defined as one with a listed diagnosis of asthma. Symptom assessment determined from review of progress notes or completed patient questionnaires.	B,C	<ul style="list-style-type: none"> IPIP Patient questionnaire-existing standardized tools readily available
Action Plan	Asthma Action Plan documented in chart	B	<ul style="list-style-type: none"> NQF supported, IPIP-optional measure
Assessment of environmental triggers	Documentation collected from review of progress notes, action plans, and patient questionnaires. Environmental trigger assessment may include documentation of tobacco use or exposure.	A	<ul style="list-style-type: none"> Current IPIP-optional measure is limited to tobacco use assessment
Appropriate pharmacological therapy	Among patients whose chart documentation indicates persistent asthma or poor symptom control, % who have been prescribed controller therapy	A	<ul style="list-style-type: none"> IPIP New CCNC measure for 2011

* per NHLBI guidelines

Ischemic Vascular Disease/Cardiovascular Disease

	Specifications	Strength of Rec/ LOE*	Notes
Aspirin use	Aspirin use addressed, based on: <ul style="list-style-type: none"> Aspirin or other antiplatelet therapy on med list or flowsheet Contraindication or allergy noted Documented discussion of risks/benefits 	I/A	<ul style="list-style-type: none"> NCQA HSRP ACC/AHA/PCPI
Smoking status and cessation advice or treatment	Requires: <ul style="list-style-type: none"> -documentation that patient is non-smoker, or -documentation of cessation advice or treatment within past year 	I/B	<ul style="list-style-type: none"> NCQA HSRP ACC/AHA/PCPI
BP Control	BP <140/90	I/A	<ul style="list-style-type: none"> NCQA HSRP
Lipid Testing	Lipid panel or LDL within past year	I/A	<ul style="list-style-type: none"> NCQA HSRP NCQA Hedis ACC/AHA/PCPI

LDL Control	LDL <100	I/A	<ul style="list-style-type: none"> • NCQA HSRP • NCQA Hedis
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* per ACC/AHA Guidelines

Hypertension

	Specifications	LOE	Notes
BP <140/90	Based on most recent BP in chart		<ul style="list-style-type: none"> • NCQA HSRP • NCQA Hedis

Diabetes

	Specifications	LOE*	Notes
A1c testing	1 or more measurements during year <ul style="list-style-type: none"> • All ages 	A	<ul style="list-style-type: none"> • NCQA, NQF, AQA • Given rising prevalence of pediatric diabetes, CCNC Clinical Directors decided to include children in measures where consistent with evidence based guidelines (NCQA limits all DM measures to ages 18-75)
A1c control <8.0%	Most recent HbA1c is <8.0% (good control) Pts with no test are counted as "poor control" <ul style="list-style-type: none"> • Age ≥18¹ 	A	<ul style="list-style-type: none"> • Measure modified for 2011, due to emerging evidence questioning the benefit of tight control in certain higher risk patients. CCNC reported A1C control <7.0% in prior years. • NCQA DPRP IPIP optional • A1C goals vary by age in peds¹
A1c control (poor)	Most recent HbA1c is >9.0% (poor control) Pts with no test are counted as "poor control" <ul style="list-style-type: none"> • All Ages 		<ul style="list-style-type: none"> • NCQA DPRP, NQF, CMS PQRI IPIP • A1C goals vary by age in peds
Lipid Management (good)	Most recent LDL-C is <100mg/dl Pts with no test are counted as "poor control" <ul style="list-style-type: none"> • Age ≥18¹ 	A	<ul style="list-style-type: none"> • NCQA DPRP, PQRI IPIP • Recommended frequency of lipid testing varies by age¹
Lipid Management (poor)	Most recent LDL-C is >130mg/dl Pts with no test are counted as "poor control" <ul style="list-style-type: none"> • All ages 		<ul style="list-style-type: none"> • NCQA DPRP IPIP optional • Recommended frequency of lipid testing varies by age
BP Control (good)	Most recent BP <130 systolic and <80 diastolic <ul style="list-style-type: none"> • Age ≥18¹ 	A	<ul style="list-style-type: none"> • NCQA DPRP, BTE, IPIP • (PQRI measures <140/80) • BP goals vary by age in peds¹
BP Control (poor)	Most recent BP >140 systolic or >90 diastolic <ul style="list-style-type: none"> • Age ≥18¹ 		<ul style="list-style-type: none"> • NCQA DPRP, BTE, IPIP optional • BP goals vary by age in peds¹
Foot Exam	Any foot exam <ul style="list-style-type: none"> • Age ≥18 	B	<ul style="list-style-type: none"> • NCQA DPRP IPIP optional

Smoking status and cessation advice or treatment	Requires: -documentation that patient is non-smoker, or -documentation of cessation advice or treatment within past year • Age >10	B	• NCQA DPRP IPIP
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*per ADA guidelines

Heart Failure

	Specifications	Strength of Rec/ LOE*	Notes
LVF documentation	Quantitative or qualitative <u>results</u> of LVF assessment recorded in PCP chart	I/C	• ACC/AHA/PCPI
ACE Inhibitor/ARB Therapy	% of pts with EF <40%, prescribed ACEI or ARB therapy	I/A (ACEI), IIa/B (ARB)	• ACC/AHA/PCPI • CMS PQRI
Beta Blocker Therapy	% of pts with ejection fraction <40%, prescribed Beta Blocker	I/A	• ACC/AHA/PCPI • CMS PQRI

*per ACC/AHA Guidelines

NOTE: For REPORTING of measures that are valid across multiple conditions/populations, we combine qualifying patients into the denominator of a single measure. The intent is to organize the report according to evidence-based clinical action (rather than by individual diseases), to emphasize best practices across comorbidities, and to improve practice “sample size” for each measure. See below:

	Specifications
Cardiovascular Prevention	
Aspirin use	Aspirin use addressed, based on: - Aspirin or other antiplatelet therapy on med list or flowsheet - Contraindication or allergy noted - Documented discussion of risks/benefits Qualifying patients: - All adults with IVD/CVD
Smoking status and cessation advice or treatment	Requires: -documentation that patient is non-smoker, or -documentation of cessation advice or treatment within past year Qualifying patients: DM, IVD/CVD, HF, HTN --Age > 10
BP Control	BP <140/90 Qualifying patients: all with diagnosis of HTN
Lipid Testing	Lipid panel or LDL within past year Qualifying patients: Adults IVD/CVD, DM
LDL Control	LDL <100 Qualifying patients: Adults IVD/CVD, DM