

Appendix 5

Standardized Measures

APPENDIX 5

FUTURE STATE: STANDARDIZED MEASURES

What Are Standardized Measures?

Measures give organizations quantitative insights into the quality of the clinical care delivered to patients. **Standardized measures** have specific parameters for reporting. They are regularly validated to ensure that they provide accurate and unbiased measurement. Reporting standardized measures means performance can be compared accurately across practices and organizations. When practices report standardized measures, they can benchmark their performance against that of their peers. Standardized measures also increase accountability. They are used to report performance at the federal and state levels and to payers for value-based payment.

Why Did We Create a Standardized Measures List?

Programs that use standardized measures—and implement them correctly—accomplish several things: lend the credibility of national, independent experts; allow results to be compared among organizations; facilitate data aggregation; and make data collection less burdensome for physicians. While NCQA's PCMH Recognition program has traditionally been process based, helping practices build the foundation of quality, patient-centered care, reporting standardized measures allows practices to demonstrate the outcomes of their medical home transformation. Standardized measures also allow practices to report on the same measures they may be reporting to other entities, thereby reducing the administrative burden on practices as they work to achieve or maintain PCMH Recognition.

Where to Enter Measures

Practices should enter data from the **Measures Reporting** tile of the Organization Dashboard. Practices may report on either standardized measures which are listed below or custom measures. For standardized measures, practices choose the measures they want to report from the menu of options and the measure parameters populate automatically. Practices should ensure they are following all measure parameters (e.g., numerator, denominator, exclusions) as established by the measure steward listed in the table below. If the practice makes any modifications to the standardized measure specifications, the custom measures option should be chosen for reporting. For custom measures, the practice will enter the measure details manually in the text fields. Once data has been entered for each measure, this information will populate to corresponding QI criteria in the program evaluation.

Reporting Periods

For practices utilizing the standardized measures option, measures should be reported using the reporting period of January 1 through December 31 of the prior calendar year. By submitting measures using a standard reporting period, performance can be compared accurately across practices and organizations.

Measure	CMS eCQM #	Measure Steward	PCMH QI Category (Best fit, many measures may fit multiple categories)
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	CMS 136	NCQA	Behavioral
Screening for Depression and Follow-Up Plan	CMS 2	CMS	Behavioral
Closing the Referral Loop	CMS 50	CMS	Care Coordination
Documentation of Current Medications in the Medical Record	CMS 68	CMS	Care Coordination
Controlling High Blood Pressure	CMS 165	NCQA	Chronic or Acute
Diabetes HbA1C Poor Control (>9%)	CMS 122	NCQA	Chronic or Acute
Diabetes Eye Exam	CMS 131	NCQA	Chronic or Acute
Appropriate Testing for Pharyngitis	CMS 146	NCQA	Health Care Costs
Appropriate Treatment for Upper Respiratory Infection (URI)	CMS 154	NCQA	Health Care Costs
Influenza Immunization	CMS 147	NCQA	Immunizations
Pneumococcal Vaccination Status for Older Adults	CMS 127	NCQA	Immunizations
Childhood Immunization Status: Combination 10 (CIS)	CMS 117	NCQA	Immunizations
Cervical Cancer Screening	CMS 124	NCQA	Preventive
Colorectal Cancer Screening	CMS 130	NCQA	Preventive
Breast Cancer Screening	CMS 125	NCQA	Preventive
Body Mass Index Screening and Follow-Up Plan	CMS 69	CMS	Preventive
Tobacco Use: Screening and Cessation Intervention	CMS 138	NCQA	Preventive

