Quality Payment

MACRA Funding Opportunity: Measure Development Awardees for the Quality Payment Program

Awardee	Specialty Gap Area		Proposed Measures
The Brigham and Women's Hospital, Inc.	Orthopedic Surgery	1.	Hospital-level risk- standardized complication rate (RSCR) following elective primary THA and/or TKA (Conversion to e- measure)
		2.	Average pre-and-post- operative change in functional status at one year (other times will be considered) for patients undergoing total hip replacement as measured by one or more of the PROM(s) below: I. PROMIS 10 Global Function II. PROMIS Physical Function 10 III. HOOS-PS (Short Form)
		3.	Patient perceptions regarding care goal achievement following THA and/or TKA and/or Spinal Stenosis surgery
		4.	Opioids NQF 2940, Convert to eMeasure: Use of Opioids at High Dosage in Persons Without Cancer
		5.	Opioids (individual eCQMs) to be developed:



Awardee	Specialty Gap Area		Proposed Measures
			Hospital-level risk- standardized medication side effect rate following elective THA and/or TKA I. Opioid respiratory depression II. Opioid extended use
		6.	Hospital-level risk- standardized medication side effect rate following elective primary THA and/or TKA I. Anticoagulant bleeding
American Society for Clinical Pathology	Pathology	1.	Notification to the ordering provider requesting myoglobin or CK-MB (creatine kinasemuscle/brain) in the diagnosis of suspected acute myocardial infarction (AMI)
		2.	Notification to the ordering provider requesting thyroid screening tests other than only a Thyroid Stimulating Hormone test in the initial screening of a patient with a suspected thyroid disorder
		3.	Notification to the ordering provider requesting amylase testing in the diagnosis of suspected acute pancreatitis
		4.	Rate of critical value reporting for troponin

Awardee	Specialty Gap Area	Proposed Measures
		5. Time interval: critical value reporting for chemistry assess diagnostic accuracy and team-based care
		6. Rate of communicating results of an amended report with a major discrepancy to the responsible provider
		7. Rate of notification to clinical providers of a new diagnosis of malignancy
The Regents of the University of California, San Francisco	Radiology	Composite radiation dose and quality
American Psychiatric	Mental Health and Substance	Measurement-Based Care
Association	Use	Process Measures: 1. Initial assessment for all patients seen for mental health and substance use care
		2. Monitoring of symptoms, functioning, and recovery for all patients seen for mental health and substance use care
		Treatment adjustment for all patients seen for mental health and substance use care
		Measurement-Based Care
		Outcome Measures: 1. Improvement or
		maintenance of
		symptoms for patients with psychosis
		Improvement or maintenance of

Awardee	Specialty Gap Area	Proposed Measures
		symptoms for patients with suicide risk
		Improvement or maintenance of symptoms for patients with opioid misuse
		Improvement or maintenance of functioning for all patients seen for mental health and substance use care s
		5. Recovery for all patients seen for mental health and substance use care
		Evidence-Based Treatment Process Measures:
		Safety plan for individuals with suicide risk
		 Initiation of antipsychotic treatment among individuals with first-episode psychosis (FEP) Initiation of medication-assisted treatment (MAT) among individuals with opioid use disorder (OUD)
		Patient Experience of Care Outcome Measures: 1. Patient experience of care for all patients seen with mental health and substance use care
University of Southern California	Mental Health and Substance Use	Continuity of Pharmacotherapy for Opioid Use
Pacific Business Group on Health	Oncology	Patient Reported Pain in Cancer Following Chemotherapy

Awardee	Specialty Gap Area		Proposed Measures
		2.	Patient Reported Health Related Quality of Life in Cancer Following Chemotherapy.
American Academy of Hospice and Palliative Medicine Inc.	Palliative Care	1.	Symptom measure - Percent of patients age 18 years and over receiving specialist palliative care who report getting the help they need for their [symptom]; on an item derived from the CAHPS Hospice Survey (whose respondents are bereaved caregivers) and modified for palliative care/seriously ill patient report
		2.	Communication Measure - Percent of patients age 18 years or over receiving specialist palliative care who report feeling heard and understood by their palliative care provider on the Heard & Understood item