

NATIONAL QUALITY FORUM

Measure Submission and Evaluation Worksheet 5.0

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the [submitting standards web page](#).

| | |
|---|--|
| NQF #: 0626 | NQF Project: Renal Endorsement Maintenance 2011 |
| (for Endorsement Maintenance Review) | |
| Original Endorsement Date: Dec 04, 2009 Most Recent Endorsement Date: Dec 04, 2009 Last Updated Date: May 08, 2012 | |
| BRIEF MEASURE INFORMATION | |
| De.1 Measure Title: Chronic Kidney Disease - Lipid Profile Monitoring | |
| Co.1.1 Measure Steward: ActiveHealth Management | |
| De.2 Brief Description of Measure: The percentage of patients with chronic kidney disease that have been screened for dyslipidemia with a lipid profile. | |
| 2a1.1 Numerator Statement: Patients who had a lipid profile. | |
| 2a1.4 Denominator Statement: All patients, males > 10 and females > 13 years of age, diagnosed with chronic kidney disease. | |
| 2a1.8 Denominator Exclusions: DENOMINATOR EXCLUSIONS Specific Exclusions: None General exclusion: Patients with active cancer or metastatic diseases. Patients who were in a skilled nursing facility recently. | |
| 1.1 Measure Type: Process 2a1. 25-26 Data Source: Claims, Electronic Health Data, Electronic Health Records, Instrument-Based Data, Other, Registry Data 2a1.33 Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Facility, Health Plan, Integrated Delivery System, Other, Population : Community, County or City, Population : Regional and State 1.2-1.4 Is this measure paired with another measure? No De.3 If included in a composite, please identify the composite measure (title and NQF number if endorsed): N/A | |

| |
|---|
| STAFF NOTES (issues or questions regarding any criteria) |
| Comments on Conditions for Consideration: |
| Is the measure untested? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> If untested, explain how it meets criteria for consideration for time-limited endorsement: |
| 1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (check De.5): 5. Similar/related endorsed or submitted measures (check 5.1): |

Other Criteria:

Staff Reviewer Name(s):

1. IMPACT, OPPORTUNITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion. See [guidance on evidence](#).

Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. ([evaluation criteria](#))

1a. High Impact: **H ● M ● L ● I ●**

(The measure directly addresses a specific national health goal/priority identified by DHHS or NPP, or some other high impact aspect of healthcare.)

De.4 Subject/Topic Areas (Check all the areas that apply): Cardiovascular, Cardiovascular : Coronary Artery Disease, Cardiovascular : Hyperlipidemia, Renal, Renal : Chronic Kidney Disease (CKD), Renal : End Stage Renal Disease (ESRD)

De.5 Non-Condition Specific (Check all the areas that apply): Population Health

1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, A leading cause of morbidity/mortality, Patient/societal consequences of poor quality, Severity of illness

1a.2 If "Other," please describe:

1a.3 Summary of Evidence of High Impact (Provide epidemiologic or resource use data):

Chronic kidney disease (CKD) affects more than 10% of adults in the United States [1] and the incidence of cardiovascular disease (CVD) is significantly higher than the general population [2]. The National Kidney Foundation (NKF) Task Force on CVD and the KDOQI Work Group on CKD both concluded that, in the management of dyslipidemia, patients with CKD should be considered to be a coronary heart disease equivalent [3].

Dyslipidemia is one of the leading causes of CVD [4], and each year in North America, an estimated 350,000 deaths are attributable to high cholesterol [5].

The prevalence of diabetes, hypertension and CVD is much more common in persons with CKD, regardless of stage, than in those without CKD [6]. Not only is CKD a public health issue, the financial burden is also tremendous [6].

From a pediatric standpoint, a scientific statement endorsed by the AAP [7] found approximately 29% to 87% of pediatric peritoneal dialysis patients have elevated cholesterol levels, with LDL >100 mg/dL (>2.29 mmol/L) and 72% to 84% of pediatric kidney transplant recipients had LDL >100 mg/dL (>2.29 mmol/L). The authors also state that in ESRD, triglycerides are consistently elevated, with average triglyceride levels >150 mg/dL and HDL cholesterol levels reduced and that Lipoprotein(a), a lipoprotein associated with a mild increase in cardiovascular risk in the general population, is significantly elevated in ESRD.

1a.4 Citations for Evidence of High Impact cited in 1a.3: 1. National Chronic Kidney Disease Fact Sheet 2010

www.cdc.gov/diabetes/pubs/factsheets/kidney.htm

2. Chronic Kidney Disease: Effects on the Cardiovascular System. Schiffrin EL, Lipman ML, Mann JF. Circulation. 2007 Jul 3;116(1):85-97

3. National Kidney Foundation. KDOQI clinical practice guidelines for chronic kidney disease: Evaluation, classification, and stratification. Am J Kidney Dis, 2002, 39;S1-S266
4. Expert Panel on Detection Evaluation and Treatment of High Blood Cholesterol in Adults: Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). JAMA 285:2486-2497, 2001
5. National Center for Health Statistics (2006): www.cdc.gov/nchs/
6. US Renal Data System, USRDS 2010 Annual Data Report
7. Cardiovascular Risk Reduction in High-Risk Pediatric Patients
A Scientific Statement From the American Heart Association Expert Panel on Population and Prevention Science; the Councils on Cardiovascular Disease in the Young, Epidemiology and Prevention, Nutrition, Physical Activity and Metabolism, High Blood Pressure Research, Cardiovascular Nursing, and the Kidney in Heart Disease; and the Interdisciplinary Working Group on Quality of Care and Outcomes Research Endorsed by the American Academy of Pediatrics
Rae-Ellen W. Kavey, MD, MPH, FAHA, Chair; Vivek Allada, MD; Stephen R. Daniels, MD, PhD, FAHA; Laura L. Hayman, PhD, RN, FAHA; Brian W. McCrindle, MD, MPH; Jane W. Newburger, MD, MPH, FAHA; Rulan S. Parekh, MD, MS; Julia Steinberger, MD, MS
Circulation. 2006;114:2710-2738.

1b. Opportunity for Improvement: H● M● L● I●

(There is a demonstrated performance gap - variability or overall less than optimal performance)

1b.1 Briefly explain the benefits (improvements in quality) envisioned by use of this measure:

Patients with dyslipidemia are at increased risk for CVD. Routine monitoring of lipid levels in CKD patients would lead to earlier identification of patients with dyslipidemia, and provide an opportunity for physicians to address this risk factor, provide instruction on lifestyle modification, and where appropriate, medications to reduce cholesterol levels and mitigate cardiovascular risk. Adequate treatment of dyslipidemia in high-risk patients can lead to reduction in cardiovascular mortality and morbidity related to CVD.

1b.2 Summary of Data Demonstrating Performance Gap (Variation or overall less than optimal performance across providers): [**For Maintenance** – Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.] Despite the evidence for the importance of appropriate management of hyperlipidemia in CKD, and national guidelines recommending annual cholesterol screening in all patients with CKD, percent of patients with CKD, who had LDL levels, shows room for improvement. This was demonstrated in a study, which included 166 primary care physicians caring for over 300,000 adult patients, including 11,774 patients with CKD. Overall, only 75% of patients with CKD had annual cholesterol screening. There was statistically significant variability in screening in different groups based on gender (male, 76.6% vs. female, 74.5%) ethnicity (black, 72.4% vs. white, 75.5%), and type of insurance (commercial, 77.2% vs. uninsured, 45.1%). In addition, patient with morbid conditions (diabetes, hypertension or CVD) were significantly more likely to receive LDL screening than those without comorbidities [3].

From our data, out of a population of over 13 million, we found 96,482 people who fulfilled the denominator. Out of these, 81,458, or 84%, were found to be compliant for lipid panel monitoring in people with chronic kidney disease. This number reflects compliance across the patient population across all providers.

1b.3 Citations for Data on Performance Gap: [**For Maintenance** – Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included]

1. An assessment of cholesterol goal attainment in patients with chronic kidney disease. Stadler SL, Bhardwaja B, Olson KL, Powers JD, Lanese D. J Clin Lipidol. 2010 Jul-Aug;4(4):298-304. Epub 2010 Jul 8.
2. Implementing KDOQI CKD Definition and Staging Guidelines in Southern California Kaiser Permanente. Rutkowski M, Mann W, Derose S, Selevan D, Pascual N, Diesto J, Crooks P. Am J Kidney Dis. 2009 Mar;53(3 Suppl 3):S86-99.
3. Primary Care Management of Chronic Kidney Disease. Allen et al. J Gen Intern Med 26(4):386-92

1b.4 Summary of Data on Disparities by Population Group: *[For Maintenance – Descriptive statistics for performance results for this measure by population group]*

There was statistically significant variability in screening in different groups based on ethnicity (black, 72.4% vs. white, 75.5%), type of insurance (commercial, 77.2% vs. uninsured, 45.1%), and presence of co-morbid conditions (diabetes (present, 85.6% vs. absent, 69.9%), hypertension (present, 78.4% vs. absent, 68.5%) or CVD (present, 76.4% vs. absent, 74.3%)).

1b.5 Citations for Data on Disparities Cited in 1b.4: *[For Maintenance – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included]*

Primary Care Management of Chronic Kidney Disease. Allen et al. J Gen Intern Med 26(4):386–92.

1c. Evidence (Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.)

Is the measure focus a health outcome? Yes ☒ No ☐ **If not a health outcome, rate the body of evidence.**

Quantity: H ☒ M ☒ L ☐ I ☐ Quality: H ☒ M ☒ L ☐ I ☐ Consistency: H ☒ M ☒ L ☐ I ☐

| Quantity | Quality | Consistency | Does the measure pass subcriterion 1c? |
|----------|---------|-------------|---|
| M-H | M-H | M-H | Yes <input checked="" type="radio"/> |
| L | M-H | M | Yes <input checked="" type="radio"/> IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No <input checked="" type="radio"/> |
| M-H | L | M-H | Yes <input checked="" type="radio"/> IF potential benefits to patients clearly outweigh potential harms: otherwise No <input checked="" type="radio"/> |
| L-M-H | L-M-H | L | No <input checked="" type="radio"/> |

Health outcome – rationale supports relationship to at least one healthcare structure, process, intervention, or service

Does the measure pass subcriterion 1c?
Yes ☒ IF rationale supports relationship

1c.1 Structure-Process-Outcome Relationship (Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process-health outcome; intermediate clinical outcome-health outcome):

The focus of this measure is primarily improvement in health outcome. The link is process --> health outcome.

1c.2-3 Type of Evidence (Check all that apply):

Clinical Practice Guideline, Selected individual studies (rather than entire body of evidence)

1c.4 Directness of Evidence to the Specified Measure (State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target)

See Guidance for Definitions of Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable

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population):

Dyslipidemia in chronic kidney disease is a central topic and relates directly to the measure. The measure evaluates the same population recommended in the literature.

Although there are no randomized, controlled trials testing the hypothesis that dyslipidemia causes cardiovascular diseases in patients with CKD, or demonstrating the direct effectiveness of lipid profile screening/monitoring, the clinical significance and the overall trend of reducing cardiovascular events with monitoring and treatment would deem such practices evidence-based in adult patients with chronic kidney disease, as recently demonstrated in the SHARP trial.

Lipid profile monitoring in pediatric patients with chronic kidney disease is supported by the American Academy of Pediatrics, American Heart Association and the National Kidney Foundation. Due to the available trial and the epidemiology of pediatric kidney disease, strong evidence-based studies are not available to support our measure. However, with the published data demonstrating the high prevalence of dyslipidemia in such a population and the potential cardiovascular effects, lipid profile screening and monitoring should be performed on all pediatric kidney disease patients.

1c.5 Quantity of Studies in the Body of Evidence (Total number of studies, not articles): Tables 13, 14, 15 and 16 in the K/DOQI guidelines summarize the results of 32 studies which discuss the prevalence of dyslipidemia in adults, children/ adolescents, and patients with kidney disease, and the association with progression of kidney disease.

Four additional studies have also been cited. See 1c.15 below.

1c.6 Quality of Body of Evidence (Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events): The studies included are of mixed quality.

Several observational studies establish the strong association of CKD and hyperlipidemia.

There are no randomized controlled trials testing the hypothesis that dyslipidemias cause ACVD in patients with CKD. However, in an observational study of 3,716 patients initiating treatment for Stage 5 CKD in 1996, the use of statins in 362 (9.7%) was independently associated with lower all-cause mortality and a reduction in CVD deaths during follow-up, suggesting that dyslipidemia plays an important role in the progression of ACVD in patients with advanced CKD (Seliger SL, Weiss NS, Gillen DL, et al: HMG-CoA reductase inhibitors are associated with reduced mortality in ESRD patients. *Kidney Int* 61:297-304, 2002).

Several large studies have established the causal association between dyslipidemia and CVD in the general population.

1c.7 Consistency of Results across Studies (Summarize the consistency of the magnitude and direction of the effect): Across the literature the observation that patients with CKD are at increased risk for CKD and that there is a need to aggressively identify and treat this population using LDL levels.

1c.8 Net Benefit (Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms):

The net benefit would be a decrease in the prevalence of hyperlipidemia and CVD in patients with CKD.

1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? **Yes**

1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of

representation and any disclosures regarding bias: National Kidney Foundation, K/DOQI

1c.11 System Used for Grading the Body of Evidence: Other

1c.12 If other, identify and describe the grading scale with definitions: The overall strength of each guideline statement was rated by assigning either "A," "B," or "C".

An "A" rating indicates "it is strongly recommended that clinicians routinely follow the guideline for eligible patients. There is strong evidence that the practice improves net health outcomes, and benefits substantially outweigh harms." There were no guidelines that were assigned an "A" level recommendation.

The "B" rating indicates "it is recommended that clinicians routinely follow the guideline for eligible patients. There is moderate evidence that the practice improves net health outcomes."

A "C" rating indicates "it is recommended that clinicians consider following the guideline for eligible patients. This recommendation is based on either weak evidence, poor evidence or on the opinions of the Work Group and reviewers, that the practice might improve net health outcomes."

1c.13 Grade Assigned to the Body of Evidence: Moderate Evidence

1c.14 Summary of Controversy/Contradictory Evidence: There is no contradictory evidence.

1c.15 Citations for Evidence other than Guidelines(*Guidelines addressed below*):

Dyslipidemia in children with chronic kidney disease.

Saland JM, Pierce CB, Mitsnefes MM, Flynn JT, Goebel J, Kupferman JC, Warady BA, Furth SL; CKiD Investigators.

Kidney Int. 2010 Dec;78(11):1154-63. Epub 2010 Aug 25

The effects of lowering LDL cholesterol with simvastatin plus ezetimibe in patients with chronic kidney disease (Study of Heart and Renal Protection): a randomised placebo-controlled trial.

Baigent C, Landray MJ, Reith C, Emberson J, Wheeler DC, Tomson C, Wanner C, Krane V, Cass A, Craig J, Neal B, Jiang L, Hooi LS, Levin A, Agodoa L, Gaziano M, Kasiske B, Walker R, Massy ZA, Feldt-Rasmussen B, Kraitichai U, Ophascharoensuk V, Fellström B, Holdaas H, Tesar V, Wiecek A, Grobbee D, de Zeeuw D, Grönhagen-Riska C, Dasgupta T, Lewis D, Herrington W, Mafham M, Majoni W, Wallendszus K, Grimm R, Pedersen T, Tobert J, Armitage J, Baxter A, Bray C, Chen Y, Chen Z, Hill M, Knott C, Parish S, Simpson D, Sleight P, Young A, Collins R; SHARP Investigators.

Lancet. 2011 Jun 25;377(9784):2181-92. Epub 2011 Jun 12.

Rosuvastatin and cardiovascular events in patients undergoing hemodialysis.

Fellström BC, Jardine AG, Schmieder RE, Holdaas H, Bannister K, Beutler J, Chae DW, Chevaile A, Cobbe SM, Grönhagen-Riska C, De Lima JJ, Lins R, Mayer G, McMahon AW, Parving HH, Remuzzi G, Samuelsson O, Sonkodi S, Sci D, Süleymanlar G, Tsakiris D, Tesar V, Todorov V, Wiecek A, Wüthrich RP, Gottlow M, Johnsson E, Zannad F; AURORA Study Group.

N Engl J Med. 2009 Apr 2;360(14):1395-407. Epub 2009 Mar 30.

Atorvastatin in patients with type 2 diabetes mellitus undergoing hemodialysis

Wanner C, Krane V, März W, Olschewski M, Mann JF, Ruf G, Ritz E; German Diabetes and Dialysis Study Investigators.

N Engl J Med. 2005 Jul 21;353(3):238-48.

Screening and treatment for lipid disorders in children and adolescents: systematic evidence review for the US Preventive Services Task Force.

Haney EM, Huffman LH, Bougatsos C, Freeman M, Steiner RD, Nelson HD. Pediatrics. 2007 Jul;120(1):e189-214.

1c.16 Quote verbatim, the specific guideline recommendation (Including guideline # and/or page #):

1.1. All adults and adolescents with CKD should be evaluated for dyslipidemias. (B)

1.2. For adults and adolescents with CKD, the assessment of dyslipidemias should include a complete fasting lipid profile with total cholesterol, LDL, HDL, and triglycerides. (B)

1.3. For adults and adolescents with Stage 5 CKD, dyslipidemias should be evaluated upon presentation (when the patient is stable), at 2-3 months after a change in treatment or other conditions known to cause dyslipidemias; and at least annually thereafter. (B)

1c.17 Clinical Practice Guideline Citation: K/DOQI Clinical Practice Guidelines for Managing Dyslipidemias in Chronic Kidney Disease. National Kidney Foundation American Journal of Kidney Diseases, Vol 41, No 4, Suppl 3 (April), 2003: pp S8-S9

1c.18 National Guideline Clearinghouse or other URL:

http://www.kidney.org/professionals/KDOQI/guidelines_lipids/toc.htm

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? Yes

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: National Kidney Foundation, K/DOQI

1c.21 System Used for Grading the Strength of Guideline Recommendation: Other

1c.22 If other, identify and describe the grading scale with definitions: The overall strength of each guideline statement was rated by assigning either "A," "B," or "C".

An "A" rating indicates "it is strongly recommended that clinicians routinely follow the guideline for eligible patients. There is strong evidence that the practice improves net health outcomes, and benefits substantially outweigh harms." There were no guidelines that were assigned an "A" level recommendation.

The "B" rating indicates "it is recommended that clinicians routinely follow the guideline for eligible patients. There is moderate evidence that the practice improves net health outcomes."

A "C" rating indicates "it is recommended that clinicians consider following the guideline for eligible patients. This recommendation is based on either weak evidence, poor evidence or on the opinions of the Work Group and reviewers, that the practice might improve net health outcomes."

1c.23 Grade Assigned to the Recommendation: B

1c.24 Rationale for Using this Guideline Over Others: National Kidney Foundation, K/DOQI, is a nationally recognized body.

Based on the NQF descriptions for rating the evidence, what was the developer's assessment of the quantity, quality, and consistency of the body of evidence?

1c.25 Quantity: Moderate **1c.26 Quality:** Moderate **1c.27 Consistency:** High

1c.28 Attach evidence submission form:

1c.29 Attach appendix for supplemental materials:

Was the threshold criterion, *Importance to Measure and Report*, met?

(1a & 1b must be rated moderate or high and 1c yes) Yes ☐ No ☒

See Guidance for Definitions of Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable

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Provide rationale based on specific subcriteria:

For a new measure if the Committee votes NO, then STOP.

For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for improvement), it may be considered for continued endorsement and all criteria need to be evaluated.

2. RELIABILITY & VALIDITY - SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **(evaluation criteria)**

Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See [guidance on measure testing](#).

S.1 Measure Web Page *(In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained).* Do you have a web page where current detailed specifications for this measure can be obtained? **Yes**

S.2 If yes, provide web page URL: <http://www.activehealth.net/nqf-measures.php>

2a. RELIABILITY. Precise Specifications and Reliability Testing: H● M● L● I●

2a1. Precise Measure Specifications. *(The measure specifications precise and unambiguous.)*

2a1.1 Numerator Statement *(Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome):*

[Patients who had a lipid profile.](#)

2a1.2 Numerator Time Window *(The time period in which the target process, condition, event, or outcome is eligible for inclusion):*

[12 months](#)

2a1.3 Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptors, and/or specific data collection items/responses):*

[NUMERATOR](#)

[1. Denominator is true](#)

[2. Lipid Panel Monitoring 15 Month Validation is confirmed \(see below\)](#)

[Lipid Panel Monitoring 15 Months](#)

[One of the following is correct:](#)

[1. All of the following are correct:](#)

[a. Presence of at least 1 TRIGLYCERIDES MONITORING lab result in the past 15 months](#)

[b. Presence of at least 1 HDL MONITORING lab result in the past 15 months](#)

- c. Presence of at least 1 CHOLESTEROL TOTAL MONITORING labs result in the past 15 months
2. Presence of at least 1 LIPID PANEL (CPT) procedure In the past 15 months
3. Presence of at least 1 LIPID PANEL (LOINC) lab result in the past 15 months
4. Presence of at least 1 LIPID SCREENING (ICD9) diagnosis in the past 15 Months
5. Presence of at least 1 HYPERLIPIDEMIA diagnosis in the past 15 months
6. Presence of at least 1 LDL MONITORING Labs Result value in the past 15 Months
7. Presence of patient data confirming PDD - LDL VALUE in the past 12 months
8. Presence of patient data confirming PDD - LDL 12 MOS OBS in the past 12 months
9. All of the following are correct:
 - a. Presence of patient data confirming PDD - TOTAL CHOLESTEROL VALUE in the past 12 months
 - b. Presence of patient data confirming PDD - HDL VALUE in the past 12 months
 - c. Presence of patient data confirming PDD - TRIGLYCERIDE VALUE in the past 12 months

Note: A 3-month window has been added to certain timeframes to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the total day supply of a drug plus a grace period of an additional 30 days extends into the end of the measurement window.

Code Sets

| NQF ID | Numerator | Element Name | ATOM Description |
|--------|-----------|-------------------------------|--|
| 626 | Numerator | *CHOLESTEROL TOTAL MONITORING | 2093-3 Cholesterol |
| 626 | Numerator | *CHOLESTEROL TOTAL MONITORING | 2565-0 CHOLESTEROL |
| 626 | Numerator | Num 35200-5 CHOLESTEROL | |
| 626 | Numerator | *CHOLESTEROL TOTAL MONITORING | 50339-1 Deprecated Cholesterol [Mass/volume] in Serum or Plasma |
| 626 | Numerator | *HDL MONITORING | 12771-2 Cholesterol.in HDL |
| 626 | Numerator | *HDL MONITORING | 12772-0 Cholesterol.in HDL |
| 626 | Numerator | *HDL MONITORING | 18263-4 Cholesterol.in HDL |
| 626 | Numerator | *HDL MONITORING | 2085-9 CHOLESTEROL.IN HDL |
| 626 | Numerator | *HDL MONITORING | 2086-7 Cholesterol.in HDL |
| 626 | Numerator | *HDL MONITORING | 27340-9 Cholesterol.in HDL |
| 626 | Numerator | *HDL MONITORING | 35197-3 CHOLESTEROL.IN HDL |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.0 PURE HYPERCHOLESTEROLEMIA |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.1 PURE HYPERGLYCERIDEMIA |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.2 MIXED HYPERLIPIDEMIA |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.3 HYPERCHYLOMICRONEMIA |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.4 OTHER AND UNSPECIFIED HYPERLIPIDEMIA |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.5 LIPOPROTEIN DEFICIENCIES |

| | | | | |
|-----|-----------|--------------------|---------|---|
| 626 | Numerator | *HYPERLIPIDEMIA | 272.7 | LIPIDOSES |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.8 | OTHER DISORDERS OF LIPOID METABOLISM |
| 626 | Numerator | *HYPERLIPIDEMIA | 272.9 | UNSPECIFIED DISORDER OF LIPOID METABOLISM |
| 626 | Numerator | *LDL MONITORING | 11054-4 | Cholesterol.in LDL/Cholesterol.in HDL |
| 626 | Numerator | *LDL MONITORING | 12773-8 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 13457-7 | CHOLESTEROL.IN LDL |
| 626 | Numerator | *LDL MONITORING | 13459-3 | Cholesterol.in LDL/Cholesterol.total |
| 626 | Numerator | *LDL MONITORING | 13460-1 | Cholesterol.in LDL/Cholesterol.in HDL |
| 626 | Numerator | *LDL MONITORING | 14155-6 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 16615-7 | Cholesterol.total/Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 16616-5 | Cholesterol.in HDL/Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 18261-8 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 18262-6 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 2089-1 | CHOLESTEROL.IN LDL |
| 626 | Numerator | *LDL MONITORING | 2090-9 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 22748-8 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 24331-1 | Lipid HCFA 96 panel |
| 626 | Numerator | *LDL MONITORING | 3046-0 | Triglyceride+ester.in LDL |
| 626 | Numerator | *LDL MONITORING | 35198-1 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 39469-2 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 43392-0 | Cholesterol.in LDL 1 |
| 626 | Numerator | *LDL MONITORING | 43393-8 | Cholesterol.in LDL 4 |
| 626 | Numerator | *LDL MONITORING | 43394-6 | Cholesterol.in LDL.acetylated |
| 626 | Numerator | *LDL MONITORING | 44711-0 | Cholesterol.in LDL/Apolipoprotein B |
| 626 | Numerator | *LDL MONITORING | 44915-7 | Cholesterol.in LDL/Cholesterol.in HDL |
| 626 | Numerator | *LDL MONITORING | 46984-1 | Cholesterol.in LDL 2 |
| 626 | Numerator | *LDL MONITORING | 46985-8 | Cholesterol.in LDL 3 |
| 626 | Numerator | *LDL MONITORING | 48090-5 | Cholesterol.in HDL/Cholesterol.in HDL+Cholesterol.in VLDL |
| 626 | Numerator | *LDL MONITORING | 48143-2 | LDL.oxidized Ab |
| 626 | Numerator | *LDL MONITORING | 49026-8 | Cholesterol.in LDL 6 |
| 626 | Numerator | *LDL MONITORING | 49027-6 | Cholesterol.in LDL 7 |
| 626 | Numerator | *LDL MONITORING | 49132-4 | Cholesterol.in LDL |
| 626 | Numerator | *LDL MONITORING | 9346-8 | Lipoprotein.beta |
| 626 | Numerator | *LIPID PANEL (CPT) | 80061 | Lipid panel |
| 626 | Numerator | *LIPID PANEL (CPT) | 83700 | LIPOPROTEIN BLD ELECTROP SEP&QUAN |
| 626 | Numerator | *LIPID PANEL (CPT) | 83701 | LIPOPROTEIN BLD HR SUBCLASSES |
| 626 | Numerator | *LIPID PANEL (CPT) | 83704 | LIPOPROTEIN BLD QUAN NUMBERS&SUBCLASSES |
| 626 | Numerator | *LIPID PANEL (CPT) | 83715 | LIPOPROT BLD; ELEC-PHORE SEPARATION&QUANTITATION |
| 626 | Numerator | *LIPID PANEL (CPT) | 83716 | LIPOPROTEIN BLD; HI RES FRACTIONATION & QUAN |
| 626 | Numerator | *LIPID PANEL (CPT) | 83721 | LIPOPROTEIN DIR MEAS LDL CHOLESTEROL |
| 626 | Numerator | *LIPID PANEL (CPT) | 3011F | LIPID PANEL RESULTS DOCUMENTED & REVIEWED |
| 626 | Numerator | *LIPID PANEL (CPT) | 3048F | MOST RECENT LDL-C < 100 MG/DL |
| 626 | Numerator | *LIPID PANEL (CPT) | 3049F | MOST RECENT LDL-C 100-129 MG/DL |
| 626 | Numerator | *LIPID PANEL (CPT) | 3050F | MOST RECENT LDL-C >= 130 MG/DL |
| 626 | Numerator | *LIPID PANEL (CPT) | 3278F | SERUM LEVELS: CA, P, INTACT PTH, & LIPID PROF |
| 626 | Numerator | *LIPID PANEL (CPT) | G8019 | DIAB PT MOST RECENT LD LIPOPROTEIN >=100 MG/DL |
| 626 | Numerator | *LIPID PANEL (CPT) | G8020 | DIAB PT MOST RECENT LD LIPOPROTEIN < 100 |

| | | | | |
|--|-----------|---|--------------------------------|--|
| MG/DL | | | | |
| 626 | Numerator | *LIPID PANEL (CPT) G8021 CLIN DOC DIAB PT NOT ELIG LD LIPOPROTEIN | | |
| MEASURE | | | | |
| 626 | Numerator | *LIPID PANEL (CPT) G8039 CAD PT W/LOW DENSITY LIPOPROTEIN DOC > 100 | | |
| MG/DL | | | | |
| 626 | Numerator | *LIPID PANEL (CPT) G8040 CAD PT LOW DENSITY LIPOPROTEIN DOC <= 100 | | |
| MG/DL | | | | |
| 626 | Numerator | *LIPID PANEL (CPT) G8041 CLIN DOC CAD PT NOT ELIG LD LIPOPROTEIN | | |
| MEASURE | | | | |
| 626 | Numerator | *LIPID PANEL (LOINC) | 11054-4 | Cholesterol.in LDL/Cholesterol.in HDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 12773-8 | Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 12951-0 | TRIGLYCERIDE |
| 626 | Numerator | *LIPID PANEL (LOINC) | 13457-7 | Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 13459-3 | Cholesterol.in LDL/Cholesterol.total |
| 626 | Numerator | *LIPID PANEL (LOINC) | 13460-1 | Cholesterol.in LDL/Cholesterol.in HDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 14155-6 | Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 14814-8 | Lipoprotein.beta |
| 626 | Numerator | *LIPID PANEL (LOINC) | 14815-5 | Lipoprotein.beta |
| 626 | Numerator | *LIPID PANEL (LOINC) | 14927-8 | TRIGLYCERIDE |
| 626 | Numerator | *LIPID PANEL (LOINC) | 16615-7 | Cholesterol.total/Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 16616-5 | CHOLESTEROL.IN |
| HDL/CHOLESTEROL.IN LDL | | | | |
| 626 | Numerator | *LIPID PANEL (LOINC) | 17846-7 | Lipoprotein.beta |
| 626 | Numerator | *LIPID PANEL (LOINC) | 18261-8 | Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 18262-6 | Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 2089-1 | Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 2090-9 | CHOLESTEROL.IN LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 22748-8 | Cholesterol.in LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 24331-1 | Lipid HCFA 96 panel |
| 626 | Numerator | *LIPID PANEL (LOINC) | 2569-2 | Lipids |
| 626 | Numerator | *LIPID PANEL (LOINC) | 2571-8 | TRIGLYCERIDE |
| 626 | Numerator | *LIPID PANEL (LOINC) | 2574-2 | Lipoprotein.beta |
| 626 | Numerator | *LIPID PANEL (LOINC) | 28554-4 | Triglyceride |
| 626 | Numerator | *LIPID PANEL (LOINC) | 3043-7 | Triglyceride |
| 626 | Numerator | *LIPID PANEL (LOINC) | 3049-4 | TRIGLYCERIDE |
| 626 | Numerator | *LIPID PANEL (LOINC) | 35198-1 | CHOLESTEROL.IN LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 39469-2 | CHOLESTEROL.IN LDL |
| 626 | Numerator | *LIPID PANEL (LOINC) | 9346-8 | LIPOPROTEIN.BETA |
| 626 | Numerator | *LIPID SCREENING (ICD9) V77.91 | SCREENING FOR LIPOID DISORDERS | |
| 626 | Numerator | *PDD- HDL VALUE | AA12868.47590 | What is your most recent HDL |
| cholesterol level? | | | | |
| 626 | Numerator | *PDD- HDL VALUE | AA13999.52412 | What was the result of your HDL |
| cholesterol test? | | | | |
| 626 | Numerator | *PDD- HDL VALUE | ATV12868.47590 | What is your most recent HDL |
| cholesterol level? | | | | |
| 626 | Numerator | *PDD- HDL VALUE | ATV13999.52412 | What was the result of your HDL |
| cholesterol test? | | | | |
| 626 | Numerator | *PDD- HDL VALUE | HMI2262.1 | What was your most recent HDL cholesterol |
| number? = (NUMBER) - | | | | |
| 626 | Numerator | *PDD- HDL VALUE | HMT143.1 | What was your HDL value, 'good' cholesterol? |
| 626 | Numerator | *PDD- HDL VALUE | PHR100332002.3 | Please fill in any of the values from your |
| most recent cholesterol test. = HDL ("good") cholesterol | | | | |

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|-----|-----------|----------------------|----------------|---|
| 626 | Numerator | *PDD- HDL VALUE | PHR143.1 | What was your HDL value, 'good' cholesterol?(sample HDL value: 35) = HDL |
| 626 | Numerator | *PDD- HDL VALUE | PHR230000076.1 | What was your HDL cholesterol number? = HDL |
| 626 | Numerator | *PDD- HDL VALUE | PHR418.1 | If yes, what is your HDL value? = Value |
| 626 | Numerator | *PDD- HDL VALUE | SS96.908 | What was your HDL "good" cholesterol the last time it was checked? |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA131.359 | INACTIVE Did the patient have an LDL test in the last 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA13993.52390 | When did you have your last LDL cholesterol test done? = 0-3 months |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA13993.52391 | When did you have your last LDL cholesterol test done? = 3-6 months |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA13993.52392 | When did you have your last LDL cholesterol test done? = 6-12 months |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA14753.55412 | Have you had an LDL cholesterol test in the past 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA14970.56240 | Have your cholesterol profile levels (lipid panel including LDL) been tested while fasting in the last 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA17132.64393 | Did your child have an LDL cholesterol test in the past 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA22174.82666 | When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 1 - 6 months ago |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | AA22174.82667 | When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 7- 12 months ago |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV131.359 | INACTIVE Did the patient have an LDL test in the last 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV13993.52390 | When did you have your last LDL cholesterol test done? = 0-3 months |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV13993.52391 | When did you have your last LDL cholesterol test done? = 3-6 months |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV13993.52392 | When did you have your last LDL cholesterol test done? = 6-12 months |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV14753.55412 | Have you had an LDL cholesterol test in the past 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV14970.56240 | Have your cholesterol profile levels (lipid panel including LDL) been tested while fasting in the last 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV17132.64393 | Did your child have an LDL cholesterol test in the past 12 months? = Yes |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV22174.82666 | When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 1 - 6 months ago |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | ATV22174.82667 | When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 7- 12 months ago |
| 626 | Numerator | *PDD- LDL 12 MOS OBS | PHR100331001.1 | Has your cholesterol been tested in the last 12 months (including LDL - "bad" cholesterol)? = Yes |
| 626 | Numerator | *PDD- LDL VALUE | AA12251.45339 | What was his/her last LDL level? |
| 626 | Numerator | *PDD- LDL VALUE | AA12866.47586 | What is your most recent LDL cholesterol level? |
| 626 | Numerator | *PDD- LDL VALUE | AA13995.52397 | What was the result of your LDL cholesterol test? |
| 626 | Numerator | *PDD- LDL VALUE | AA15.45 | What was your last LDL level? |
| 626 | Numerator | *PDD- LDL VALUE | AA17134.64398 | What was his/her last LDL cholesterol |

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|--------|-----------|-------------------------------|----------------|--|
| level? | | | | |
| 626 | Numerator | *PDD- LDL VALUE | ATV12251.45339 | What was his/her last LDL level? |
| 626 | Numerator | *PDD- LDL VALUE | ATV12866.47586 | What is your most recent LDL cholesterol level? |
| 626 | Numerator | *PDD- LDL VALUE | ATV13995.52397 | What was the result of your LDL cholesterol test? |
| 626 | Numerator | *PDD- LDL VALUE | ATV15.45 | What was your last LDL level? |
| 626 | Numerator | *PDD- LDL VALUE | ATV17134.64398 | What was his/her last LDL cholesterol level? |
| 626 | Numerator | *PDD- LDL VALUE | HMI1638.1 | What's your LDL cholesterol number? = (TEXT) |
| - | | | | |
| 626 | Numerator | *PDD- LDL VALUE | HMI1643.1 | What's your LDL cholesterol number? = (TEXT) |
| - | | | | |
| 626 | Numerator | *PDD- LDL VALUE | HMI1644.1 | What's your LDL cholesterol number? = (TEXT) |
| - | | | | |
| 626 | Numerator | *PDD- LDL VALUE | HMI1645.1 | What's your LDL cholesterol number? = (TEXT) |
| - | | | | |
| 626 | Numerator | *PDD- LDL VALUE | HMI2279.1 | What was your most recent LDL cholesterol number? = (NUMBER) - |
| 626 | Numerator | *PDD- LDL VALUE | HMI2448.1 | What was your most recent LDL cholesterol number? = (TEXT) - |
| 626 | Numerator | *PDD- LDL VALUE | HMI2449.1 | What was your most recent LDL cholesterol number? = (TEXT) - |
| 626 | Numerator | *PDD- LDL VALUE | HMI2450.1 | What was your most recent LDL cholesterol number? = (TEXT) - |
| 626 | Numerator | *PDD- LDL VALUE | HMI3765.1 | What was your most recent LDL cholesterol number? = (TEXT) - |
| 626 | Numerator | *PDD- LDL VALUE | HMT142.1 | What was your LDL value, 'bad' cholesterol? |
| 626 | Numerator | *PDD- LDL VALUE | PHR100332002.2 | Please fill in any of the values from your most recent cholesterol test. = LDL ("bad") Cholesterol |
| 626 | Numerator | *PDD- LDL VALUE | PHR142.1 | What was your LDL value, 'bad' cholesterol?(sample LDL value: 130) = LDL |
| 626 | Numerator | *PDD- LDL VALUE | PHR230000077.1 | What was your LDL cholesterol number? = LDL |
| 626 | Numerator | *PDD- LDL VALUE | PHR417.1 | If yes, what is your LDL value? = Value |
| 626 | Numerator | *PDD- LDL VALUE | SS99.916 | What was your LDL "bad" cholesterol the last time it was checked? |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | AA12865.47585 | What is your most recent total cholesterol level? |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | AA13991.52382 | What was the result of your total cholesterol test? |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | AA21007.78539 | (WV/PEIA) What is your IYS total cholesterol test result? |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | ATV12865.47585 | What is your most recent total cholesterol level? |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | ATV13991.52382 | What was the result of your total cholesterol test? |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | ATV21007.78539 | (WV/PEIA) What is your IYS total cholesterol test result? |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | HMI1646.1 | Let's find out what's going on. What's your total cholesterol number? = (TEXT) - |
| 626 | Numerator | *PDD- TOTAL CHOLESTEROL VALUE | HMI1651.1 | What's your total |

| | | | |
|--|----------------|----------------------------------|--|
| cholesterol number? = (TEXT) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | HMI1652.1 | What's your total | |
| cholesterol number? = (TEXT) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | HMI1653.1 | What's your total | |
| cholesterol number? = (TEXT) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | HMI2296.1 | What was your most | |
| recent total cholesterol number? = (NUMBER) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | HMI2469.1 | What was your most | |
| recent total cholesterol number? = (TEXT) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | HMI2470.1 | What was your most | |
| recent total cholesterol number? = (TEXT) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | HMI2471.1 | What was your most | |
| recent total cholesterol number? = (TEXT) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | HMI3760.1 | What was your most | |
| recent total cholesterol number? = (TEXT) - | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | PHR100332002.1 | Please fill in any of | |
| the values from your most recent cholesterol test. = Total Cholesterol | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | PHR230000075.1 | What was your | |
| total cholesterol number? = Total Cholesterol | | | |
| 626 Numerator *PDD- TOTAL CHOLESTEROL VALUE | SS93.900 | What was your total | |
| cholesterol the last time it was checked? | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | AA12870.47594 | What is your most recent | |
| triglyceride level? | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | AA14003.52427 | What was the result of | |
| your triglyceride test? | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | ATV12870.47594 | What is your most recent | |
| triglyceride level? | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | ATV14003.52427 | What was the result of | |
| your triglyceride test? | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI1654.1 | What's your triglyceride number? | |
| = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI1659.1 | What's your triglyceride number? | |
| = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI1660.1 | What's your triglyceride number? | |
| = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI1661.1 | What's your triglyceride number? | |
| = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI2295.1 | What was your most recent | |
| triglycerides number? = (NUMBER) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI2466.1 | What was your most recent | |
| triglycerides number? = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI2467.1 | What was your most recent | |
| triglycerides number? = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI2468.1 | What was your most recent | |
| triglycerides number? = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMI3769.1 | What was your most recent | |
| triglyceride number? = (TEXT) - | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | HMT144.1 | What was your Triglycerides (TG) | |
| value, a form of fat? | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | PHR100332002.4 | Please fill in any of the | |
| values from your most recent cholesterol test. = Triglycerides | | | |
| 626 Numerator *PDD- TRIGLYCERIDE VALUE | PHR144.1 | What was your Triglycerides (TG) | |

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|--|-----------|---------------------------|-----------|--|
| value, a form of fat?(sample TG value: 200) = TG | | | | |
| 626 | Numerator | *PDD- TRIGLYCERIDE VALUE | PHR419.1 | If yes, what is your TG value? = Value |
| 626 | Numerator | *PDD- TRIGLYCERIDE VALUE | SS102.924 | What was your triglyceride level the last time it was checked? |
| 626 | Numerator | *TRIGLYCERIDES MONITORING | 12951-0 | Triglyceride |
| 626 | Numerator | *TRIGLYCERIDES MONITORING | 2571-8 | Triglyceride |
| 626 | Numerator | *TRIGLYCERIDES MONITORING | 28554-4 | Triglyceride |
| 626 | Numerator | *TRIGLYCERIDES MONITORING | 3043-7 | Triglyceride |
| 626 | Numerator | *TRIGLYCERIDES MONITORING | 3049-4 | Triglyceride |

2a1.4 Denominator Statement (Brief, narrative description of the target population being measured):
All patients, males > 10 and females > 13 years of age, diagnosed with chronic kidney disease.

2a1.5 Target Population Category (Check all the populations for which the measure is specified and tested if any): Adult/Elderly Care, Children, Populations at Risk

2a1.6 Denominator Time Window (The time period in which cases are eligible for inclusion):
Any time in the past

2a1.7 Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses):

DENOMINATOR

All of the following are correct:

1. One of the following is correct:
 - a. If patient age > 10 years and gender is male
 - b. If patient age > 13 years and gender is female
2. One of the following is correct:
 - a. CKD Any Stage Validation is confirmed (see below)
 - b. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 3 years

CKD Any Stage Validation

One of the following is correct:

1. Presence of at least 1 CKD - ALL STAGES diagnosis in the past 12 months from EHR data
2. Presence of at least 1 TRANSPLANT RENAL (ICD-9) diagnosis in the past 12 months from EHR data
3. Presence of at least 1 NEPHROTIC SYNDROME diagnosis in the past 12 months from EHR data
4. Presence of at least 1 CKD - ALL STAGES diagnosis in the past 12 months from disability data

5. Presence of at least 2 CKD - ALL STAGES diagnosis in the past 12 months at least 3 months apart from claims data
6. Presence of at least 2 TRANSPLANT RENAL (ICD-9) diagnosis in the past from claims data
7. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past from claims data
8. Presence of at least 2 NEPHROTIC SYNDROME diagnosis anytime in the past at least 3 months apart from claims data
9. Presence of at least 1 DIALYSIS CHRONIC (CPT) procedure in the past from claims data
10. Presence of patient data confirming PDD - CHRONIC KIDNEY DISEASE in the past

Code Set:

| NQF ID | Denominator | Element Name | ATOM Description |
|--------|-------------|--------------------------|--|
| 626 | Denominator | *CKD - ALL STAGES 458.21 | HYPOTENSION OF HEMODIALYSIS |
| 626 | Denominator | *CKD - ALL STAGES 585 | CHRONIC KIDNEY DISEASE |
| 626 | Denominator | *CKD - ALL STAGES 585.1 | CHRONIC KIDNEY DISEASE STAGE I |
| 626 | Denominator | *CKD - ALL STAGES 585.2 | CHRONIC KIDNEY DISEASE STAGE II (MILD) |
| 626 | Denominator | *CKD - ALL STAGES 585.3 | CHRONIC KIDNEY DISEASE STAGE III (MODERATE) |
| 626 | Denominator | *CKD - ALL STAGES 585.4 | CHRONIC KIDNEY DISEASE STAGE IV (SEVERE) |
| 626 | Denominator | *CKD - ALL STAGES 585.5 | CHRONIC KIDNEY DISEASE STAGE V |
| 626 | Denominator | *CKD - ALL STAGES 585.6 | End stage renal disease |
| 626 | Denominator | *CKD - ALL STAGES 585.9 | CHRONIC KIDNEY DISEASE UNSPECIFIED |
| 626 | Denominator | *CKD - ALL STAGES 586 | UNSPECIFIED RENAL FAILURE |
| 626 | Denominator | *CKD - ALL STAGES 792.5 | CLOUDY DIALYSIS AFFLUENT |
| 626 | Denominator | *CKD - ALL STAGES 996.56 | MECH COMPS DUE PERITONEAL DIALYSIS CATHETER |
| 626 | Denominator | *CKD - ALL STAGES 996.68 | INF&INFLAM REACT DUE PERITON DIALYSIS CATHETER |
| 626 | Denominator | *CKD - ALL STAGES 996.73 | OTH COMPS DUE RENAL DIALYSIS DEVICE IMPLANT&GFT |
| 626 | Denominator | *CKD - ALL STAGES E870.2 | ACC CUT PUNCT PERF/HEMORR DUR DIALYSIS/PERFUSION |
| 626 | Denominator | *CKD - ALL STAGES E871.2 | FOREIGN OBJ LEFT IN BODY DUR DIALYSIS/PERFUSION |
| 626 | Denominator | *CKD - ALL STAGES E872.2 | FAILED STERILE PRECAUTIONS DUR DIALYSIS/PERFUS |
| 626 | Denominator | *CKD - ALL STAGES E874.2 | MECH FAIL-INSTRUMNT/APPARATUS DUR DIALYS-PERFUS |
| 626 | Denominator | *CKD - ALL STAGES E879.1 | ABNORMAL REACTION/COMPLICAT D/T KIDNEY DIALYSIS |
| 626 | Denominator | *CKD - ALL STAGES V45.1 | RENAL DIALYSIS STATUS |
| 626 | Denominator | *CKD - ALL STAGES V45.11 | RENAL DIALYSIS STATUS |
| 626 | Denominator | *CKD - ALL STAGES V45.12 | NONCOMPLIANCE WITH RENAL DIALYSIS |
| 626 | Denominator | *CKD - ALL STAGES V56 | ENCOUNTER DIALYSIS AND DIALYSIS CATHETER CARE |
| 626 | Denominator | *CKD - ALL STAGES V56.0 | ENCOUNTER FOR EXTRACORPOREAL DIALYSIS |
| 626 | Denominator | *CKD - ALL STAGES V56.1 | FITTING&ADJ EXTRACORPOREAL DIALYSIS CATHETER |

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|-----|-------------|-------------------------------|---|
| 626 | Denominator | *CKD - ALL STAGES V56.2 | FITTING&ADJUSTMENT PERITONEAL DIALYSIS CATHETER |
| 626 | Denominator | *CKD - ALL STAGES V56.3 | ENCOUNTER FOR ADEQUACY TESTING FOR DIALYSIS |
| 626 | Denominator | *CKD - ALL STAGES V56.31 | ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS |
| 626 | Denominator | *CKD - ALL STAGES V56.32 | ENCOUNTER ADEQUACY TESTING PERITONEAL DIALYSIS |
| 626 | Denominator | *CKD - ALL STAGES V56.8 | ENCOUNTER OTHER DIALYSIS |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 0882 | MISCELLANEOUS DIALYSIS - Home dialysis aid visit |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90918 | ESRD FULL MO <2 YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90919 | ESRD FULL MO 2-11 YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90920 | ESRD FULL MO 12-19 YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90921 | ESRD FULL MO 20 YR&> |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90922 | ESRD < FULL MO PR D <2 YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90923 | ESRD < FULL MO PR D 2-11 YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90924 | ESRD < FULL MO PR D 12-19YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) 90925 | ESRD < FULL MO PR D 20YR&> |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1800 | INPATIENT RENAL DIALYSIS - GENERAL |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1801 | INPATIENT RENAL DIALYSIS - GENERAL - HEMODIALYSIS |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1802 | INPATIENT PERITONEAL DIALYSIS (NON-CAPD) |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1803 | INPATIENT CONTINUOUS DIALYSIS - (CAPD) |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1804 | INPATIENT CONTINUOUS DIALYSIS - (CCPD) |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1809 | INPATIENT DIALYSIS - OTHER |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1820 | HEMODIALYSIS - GENERAL |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1821 | HEMODIALYSIS - COMPOSITE OR OTHER |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1822 | HEMODIALYSIS - HOME SUPPLIES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1823 | HEMODIALYSIS - HOME SUPPLIES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1824 | HEMODIALYSIS - MAINTENANCE 100% |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1825 | HEMODIALYSIS - SUPPORT SERVICES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1829 | HEMODIALYSIS - OTHER OUTPATIENT |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1830 | PERITONEAL DIALYSIS - GENERAL |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1831 | PERITONEAL DIALYSIS - COMPOSITE OR OTHER RATE |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1832 | PERITONEAL DIALYSIS - HOME SUPPLIES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1833 | PERITONEAL DIALYSIS - HOME EQUIPMENT |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1834 | PERITONEAL DIALYSIS - MAINTENANCE 100% |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1835 | PERITONEAL DIALYSIS - SUPPORT SERVICES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1839 | PERITONEAL DIALYSIS - OTHER OUTPATIENT SERVICES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1840 | CAPD - OUTPATIENT - HOME - GENERAL |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1841 | CAPD - COMPOSITE OR OTHER RATE |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1842 | CAPD - HOME SUPPLIES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1843 | CAPD - HOME EQUIPMENT |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1844 | CAPD - MAINTENANCE 100% |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1845 | CAPD - SUPPORT SYSTEMS |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1849 | CAPD - OTHER OUTPATIENT SERVICES |

| | | |
|-----|-------------|--|
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1850 CCPD ? GENERAL |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1851 CCPD - COMPOSITE OR OTHER RATE |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1852 CCPD - HOME SUPPLIES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1853 CCPD - HOME EQUIPMENT |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1854 CCPD - MAINTENANCE 100% |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1855 CCPD - SUPPORT SERVICES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1859 CCPD - OTHER OUTPATIENT SERVICES |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1880 MISCELLANEOUS DIALYSIS - GENERAL |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1881 MISCELLANEOUS DIALYSIS - ULTRAFILTRATION |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) _1889 MISCELLANEOUS DIALYSIS - OTHER |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0308 ESRD REL SRVC DUR TX PTS UND 2 YRS; 4/> VSTS MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0309 ESRD REL SRVC DUR TX PTS UND 2 YRS; 2/3 VSTS MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0310 ESRD REL SRVC DUR TX PTS UND 2 YRS AGE; 1 VST MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0311 ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 4/>VST MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0312 ESRD REL SRVC DUR TX PT BETWN 2&11; 2/3 VSTS MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0313 ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 1 VST MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0314 ESRD REL SRVC DUR TX PT BETWN 12&19; 4/> VSTS MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0315 ESRD REL SRVC DUR TX PT BETWN 12&19; 2/3 VSTS MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0316 ESRD REL SRVC DUR TX PT BETWN 12&19 YR; 1 VST MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0317 ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 4/> VSTS MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0318 ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 2/3 VSTS MO |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0319 ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 1 VST MONTH |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0320 ESRD REL SRVC HOM DIALYSIS FULL MO; UND 2 YR AGE |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0321 ESRD REL SRVC HOM DIALYSIS FULL MO; 2- 11 YRS AGE |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0322 ESRD REL SRVC HOM DIALYSIS FULL MO; 12-19 YR AGE |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0323 ESRD REL SRVC HOM DIALYSIS FULL MO; 20 YRS&OLDER |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0324 ESRD REL SERVICE HOME DIALYSIS PER DAY; PT <2 YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0325 ESRD REL SERV HOME DIALYSIS PER DAY; PT 2-11 YRS |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0326 ESRD REL SERV HOME DIALYSIS PER DAY; PT 12-19 YR |
| 626 | Denominator | *DIALYSIS CHRONIC (CPT) G0327 ESRD REL SERV HOME DIALYSIS PER DAY; PT 20 YR > |
| 626 | Denominator | *NEPHROTIC SYNDROME 581.0 NEPHROTIC SYNDROME W/LESION |

PROLIFERATIVE GLN

626 Denominator *NEPHROTIC SYNDROME 581 NEPHROTIC SYNDROME
626 Denominator *NEPHROTIC SYNDROME 581.1 NEPHROTIC SYNDROME W/LESION

MEMBRANOUS GLN

626 Denominator *NEPHROTIC SYNDROME 581.2 NEPHROTIC SYND W/LESION

MEMBRANOPROLIFERAT GLN

626 Denominator *NEPHROTIC SYNDROME 581.3 NEPHROTIC SYND W/LES MIN CHG

GLOMERULONEPHRIT

626 Denominator *NEPHROTIC SYNDROME 581.8 NEPHROTIC SYND W/OTH SPEC PATHAL
LESION KIDNEY

626 Denominator *NEPHROTIC SYNDROME 581.81 NEPHROTIC SYND W/OTH PATHAL LES DZ
CLASS ELSW

626 Denominator *NEPHROTIC SYNDROME 581.89 OTH NEPHROTIC SYND W/SPEC PATHAL
LESION KIDNEY

626 Denominator *NEPHROTIC SYNDROME 581.9 NEPHROTIC SYNDROME W/UNSPEC
PATHAL LESION KIDNEY

626 Denominator *NEPHROTIC SYNDROME V13.03 PERSONAL HISTORY OF NEPHROTIC
SYNDROME

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA1.4681 INACTIVE Our information
suggests you may have one or more of the following conditions. Please tell me if you agree. = Renal
Insufficiency

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA11214.41451 What health
conditions has your doctor said you have? = Chronic Kidney Disease

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA14899.55972 Do you know or
has your doctor communicated which stage of CKD you are in? = Stage 3

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA14899.55973 Do you know or
has your doctor communicated which stage of CKD you are in? = Stage 4

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA14899.55974 Do you know or
has your doctor communicated which stage of CKD you are in? = Stage 5

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA1579.4677 INACTIVE Nurse
completion: Select one answer for Chronic Renal Failure = CSID scores positive for Chronic Renal Failure
and patient confirms condition

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA1579.4679 INACTIVE Nurse
completion: Select one answer for Chronic Renal Failure = CSID does not score positive for Chronic Renal
Failure and patient states they have condition

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA20620.77084 What health
conditions does the member have? = Chronic Kidney Disease

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA20936.78242 What health
conditions does the member have? = Chronic Kidney Disease

626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV1.4681 INACTIVE Our information
suggests you may have one or more of the following conditions. Please tell me if you agree. = Renal
Insufficiency

626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV11214.41451 What health
conditions has your doctor said you have? = Chronic Kidney Disease

626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV14899.55972 Do you know or
has your doctor communicated which stage of CKD you are in? = Stage 3

626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV14899.55973 Do you know or
has your doctor communicated which stage of CKD you are in? = Stage 4

626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV14899.55974 Do you know or
has your doctor communicated which stage of CKD you are in? = Stage 5

626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV1579.4677 INACTIVE Nurse
completion: Select one answer for Chronic Renal Failure = CSID scores positive for Chronic Renal Failure

and patient confirms condition

| | | | | |
|-----|-------------|------------------------------|-----------------|--|
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | ATV1579.4679 | INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID does not score positive for Chronic Renal Failure and patient states they have condition |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | ATV20620.77084 | What health conditions does the member have? = Chronic Kidney Disease |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | ATV20936.78242 | What health conditions does the member have? = Chronic Kidney Disease |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | HMI3867.1 | Have you been diagnosed with any of the following? Choose all that apply. = true - Chronic Kidney Disease |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | HMT10.1 | Chronic kidney disease = Yes |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | PHR100260001.4 | Do you know the stage of your kidney disease? = Stage 3 |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | PHR100260001.5 | Do you know the stage of your kidney disease? = Stage 4 |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | PHR100260001.6 | Do you know the stage of your kidney disease? = Stage 5 |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | PHR200000005.21 | Which of the following health conditions have you ever had? = Kidney Disease (chronic, CKD) |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | PHR606.3 | Do you know or has your doctor communicated which stage of CKD you are in? = Stage 3 |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | PHR606.4 | Do you know or has your doctor communicated which stage of CKD you are in? = Stage 4 |
| 626 | Denominator | *PDD- CHRONIC KIDNEY DISEASE | PHR606.6 | Do you know or has your doctor communicated which stage of CKD you are in? = Stage 5 |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | 55.6 | TRANSPLANT OF KIDNEY |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | 55.61 | RENAL AUTOTRANSPLANTATION |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | 55.69 | OTHER KIDNEY TRANSPLANTATION |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | 50360 | RNL ALTRNSPLJ IMPLTJ GRF W/O RCP NFRCT |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | 50365 | RNL ALTRNSPLJ IMPLTJ GRF W/RCP NFRCT |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | 50380 | RNL AUTOTRNSPLJ RIMPLTJ KDN |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | _1367 | OPERATING ROOM SERVICES - KIDNEY TRANSPLANT |
| 626 | Denominator | *TRANSPLANT RENAL (CPT) | S2065 | SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION |
| 626 | Denominator | *TRANSPLANT RENAL (ICD9) | 996.81 | COMPLICATIONS OF TRANSPLANTED KIDNEY |
| 626 | Denominator | *TRANSPLANT RENAL (ICD9) | V42.0 | KIDNEY REPLACED BY TRANSPLANT |

2a1.8 Denominator Exclusions (Brief narrative description of exclusions from the target population):

DENOMINATOR EXCLUSIONS

Specific Exclusions:

None

General exclusion:

Patients with active cancer or metastatic diseases.

Patients who were in a skilled nursing facility recently.

2a1.9 Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection

items/responses):

DENOMINATOR EXCLUSIONS

General exclusions:

- Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months;
- Patients who have been in a skilled nursing facility in the last 3 months

2a1.10 Stratification Details/Variables (All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses):

The results are not stratified.

2a1.11 Risk Adjustment Type (Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13): No risk adjustment or risk stratification **2a1.12 If "Other," please describe:**

2a1.13 Statistical Risk Model and Variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development should be addressed in 2b4.):

No risk model applied to this measure.

2a1.14-16 Detailed Risk Model Available at Web page URL (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL. Please supply login/password if needed:

2a1.17-18. Type of Score: Rate/proportion

2a1.19 Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score):
Better quality = Higher score

2a1.20 Calculation Algorithm/Measure Logic(Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.):

PERFORMANCE MEASURE RULE:

Chronic Kidney Disease – Lipid Profile Monitoring

DENOMINATOR

All of the following are correct:

1. One of the following is correct:
 - a. If patient age > 10 years and gender is male
 - b. If patient age > 13 years and gender is female
2. One of the following is correct:

- a. CKD Any Stage Validation is confirmed (see below)
- b. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 3 years

DENOMINATOR EXCLUSIONS

None

NUMERATOR

All of the following are correct:

- 1. The denominator is true
- 2. Lipid Panel Monitoring 15 Month Validation is confirmed (see below)

CKD Any Stage Validation

One of the Following is correct:

- 1. Presence of at least 2 CKD - ALL STAGES diagnosis in the past 12 months at least 3 months apart
- 2. Presence of patient data confirming PDD - CHRONIC KIDNEY DISEASE in the past
- 3. Presence of at least 2 TRANSPLANT RENAL (ICD-9) diagnosis in the past
- 4. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past
- 5. Presence of at least 2 NEPHROTIC SYNDROME diagnosis anytime in the past at least 3 months apart
- 6. Presence of at least 1 DIALYSIS CHRONIC (CPT) procedure in the past

Lipid Panel Monitoring 15 Months

One of the following is correct:

- 1. All of the following are correct:
 - a. Presence of at least 1 TRIGLYCERIDES MONITORING lab result in the past 15 months
 - b. Presence of at least 1 HDL MONITORING lab result in the past 15 months

- c. Presence of at least 1 CHOLESTEROL TOTAL MONITORING labs result in the past 15 months
2. Presence of at least 1 LIPID PANEL (CPT) procedure In the past 15 months
3. Presence of at least 1 LIPID PANEL (LOINC) lab result in the past 15 months
4. Presence of patient data confirming PDD - LDL 12 MOS OBS in the past 12 months
5. Presence of at least 1 HYPERLIPIDEMIA diagnosis in the past 15 months
6. Presence of patient data confirming PDD - LDL VALUE in the past 12 months
7. All of the following are correct:
 - a. Presence of patient data confirming PDD - TOTAL CHOLESTEROL VALUE in the past 12 months
 - b. Presence of patient data confirming PDD - HDL VALUE in the past 12 months
 - c. Presence of patient data confirming PDD - TRIGLYCERIDE VALUE in the past 12 months
8. Presence of at least 1 LDL MONITORING Labs Result Value in the past 15 Months
9. Presence of at least 1 LIPID SCREENING (ICD9) Diagnosis in the past 15 Months

Note: A 3-month time window has been added to certain timeframes to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the total day supply of a drug plus a grace period of an additional 30 days extends into the end of the measurement window.

2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:

Attachment

Chronic Kidney Disease - Lipid Profile Monitoring Algorithm.pdf

2a1.24 Sampling (Survey) Methodology. If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):

Measure is not based on a sample.

2a1.25 Data Source (*Check all the sources for which the measure is specified and tested*). If other, please describe:

Claims, Electronic Health Data, Electronic Health Records, Instrument-Based Data, Other, Registry Data

2a1.26 Data Source/Data Collection Instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.*): Data are collected from a number of electronic sources, e.g., health plans, pharmacy-based management systems, electronic health records, etc.

2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment:

2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:

Attachment

626 Chronic Kidney Disease - Lipid Profile Monitoring.xlsx

2a1.33 Level of Analysis (*Check the levels of analysis for which the measure is specified and tested*):

Clinician : Group/Practice, Clinician : Individual, Facility, Health Plan, Integrated Delivery System, Other, Population : Community, County or City, Population : Regional and State

2a1.34-35 Care Setting (*Check all the settings for which the measure is specified and tested*):

Ambulatory Care : Clinic/Urgent Care, Ambulatory Care : Clinician Office, Home Care, Post-Acute Care

2a2. Reliability Testing. (*Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability.*)

2a2.1 Data/Sample (*Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*):

All the data for the measures are obtained from electronic sources. Based on the client, we take in electronic data from health plans, pharmacy-based management systems, laboratory systems, personal health records, health risk assessments, and electronic health records. In addition, we can take in data from care management systems. All data feeds are electronic and do not require manual medical chart abstraction.

We have over 21 million patient records across our book of business. The average age of the population is 35 and 51.9% of the population is female. Currently we use a database of approximately over 2 million patient records pulled from multiple populations for testing purposes.

Our testing procedure includes testing the rules on the database of approximately 2 million patient records. We typically review the results for reliability, i.e., did we find the same people on multiple runs and validity, i.e., did we find the appropriate people in the denominator and numerator.

2a2.2 Analytic Method (*Describe method of reliability testing & rationale*):

All of our quality measures are electronic and all the data used to support the measures are electronic. In addition, we receive the data by electronic feeds. We have internal processes to ensure that we receive valid codes and where appropriate the associated values. Our analytic process includes testing a new rule or algorithm on our test database of 2 million patient records, so that we can be sure of the reliability of the code. At the end of the test, we randomly select patients who are either in the numerator, or in the denominator but not the numerator, to ensure that they met the requirements of the rule. As a part of our reliability testing, we check to ensure we have found the correct people in the denominator or the numerator, across multiple rules with similar definitions. To ensure accuracy, we check a subset of the people who were not in the numerator to ensure that we were accurate in not counting them in the numerator. If we find errors at any stage of the reliability testing, e.g., similar denominators that had significant differences in counts, different compliance rates for similar populations; we update the rules and retest.

2a2.3 Testing Results (*Reliability statistics, assessment of adequacy in the context of norms for the test conducted*):

The measure algorithms and code sets are all electronic. Once we complete testing the rules and correcting any errors, the rules are deployed in a production environment for our clients. At that point, the rules are considered reliable, i.e., if the rules are run on the same data set we expect to find the same people on a consistent basis.

2b. VALIDITY. Validity, Testing, including all Threats to Validity: H ● M ● L ● I ●

See Guidance for Definitions of Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable
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2b1.1 Describe how the measure specifications (measure focus, target population, and exclusions) are consistent with the evidence cited in support of the measure focus (criterion 1c) and identify any differences from the evidence:

The K/DOQI clinical guidelines define the target population as “all patients with Stage 5 CKD, as well as kidney transplant recipients, irrespective of whether kidney transplant recipients were classified as having CKD.” In addition, they recommend that all patients with CKD Stages 1 – 4 should be managed according the ATP III Guidelines, which would include lipid panel monitoring, and that CKD should be considered a CVD risk equivalent. In the end, it was concluded that adolescents (defined by the onset of puberty), in any stage of CKD or with a kidney transplant, should be included in these guidelines. As indicated in the evidence summary the K/DOQI guideline recommendations state that, “All adults and adolescents with CKD should be evaluated for dyslipidemias.” Based on the guideline’s recommendations, our algorithm finds all patients with electronic evidence of CKD, who have had a lipid profile consistent with the existing guidelines.

2b2. Validity Testing. (Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)

2b2.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

The data for the measure are obtained from electronic sources. Based on the client, we take in electronic data from health plans, pharmacy-based management systems, laboratory systems, personal health records, health risk assessments, and electronic health records. In addition, we can take in data from care management systems. All data feeds are electronic and do not require manual medical chart abstraction. Our ability to analyze measures across different populations is limited by the characteristics of a specific client population. Since the rules are electronic, they are applied consistently, independent of the population characteristics. For example running this measure on a young population, may result in a lower denominator and compliance rate, compared to evaluating the measure across an older population.

2b2.2 Analytic Method (Describe method of validity testing and rationale; if face validity, describe systematic assessment):

All of our quality measures are electronic and all the data used to support the measures are electronic. In addition, we receive the data by electronic feeds. We have internal processes to ensure that we receive valid codes and where appropriate the associated values. Currently we use a database of approximately 2 million patient records for testing purposes. Our analytic process includes testing a new rule or algorithm on the standard data set so that we can be sure of the reliability of the code. At the end of the test, we randomly select patients who are either in the numerator, or in the denominator but not the numerator, to ensure that they met the requirements of the rule. As a part of our validity testing, we check to ensure we have found the correct people in the denominator or the numerator. To ensure accuracy, we check a subset of the people who were not in the numerator to ensure that we were accurate in not counting them in the numerator. If we find errors at any stage of the reliability testing, e.g., similar denominators that had differences in counts, compliance rates for similar populations that differ, then we update the rules and retest.

Further, to ensure that we obtain valid results once the measures are deployed, when we run the measure for a client we evaluate the results to ensure they are consistent with what we have found in the past for the client and across our book of business.

2b2.3 Testing Results (Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment):

The algorithms and code sets used for the measures are all electronic. Once we test the rules, and correct any errors, the rules are deployed in a production environment for our clients. At that point, the rule is considered reliable, that is we are finding the appropriate people in the denominator and numerator.

From a population of over 13 million, we found 96,482 people who fulfilled the denominator. Out of these,

81,458, or 84%, were found to be compliant for lipid panel monitoring in people with chronic kidney disease. Compliance is measured across the patient population across all providers. This is a reflection of the providers' performance and reliability and validity testing at a provider level.

POTENTIAL THREATS TO VALIDITY. (*All potential threats to validity were appropriately tested with adequate results.*)

2b3. Measure Exclusions. (*Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.*)

2b3.1 Data/Sample for analysis of exclusions (*Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*):
There are no specific exclusions to this measure. For all of our rules, we apply general exclusions. In particular, we exclude people with a diagnosis of metastatic cancer or cancer treatment in the 6 month prior to the measurement date. In addition, we exclude patients who were in a skilled nursing facility 3 months before the measurement date.

2b3.2 Analytic Method (*Describe type of analysis and rationale for examining exclusions, including exclusion related to patient preference*):
There are no exclusions.

2b3.3 Results (*Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses*):
There are no exclusions.

2b4. Risk Adjustment Strategy. (*For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.*)

2b4.1 Data/Sample (*Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*):
We do not apply risk adjustment to our rules.

2b4.2 Analytic Method (*Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables*):
We do not apply risk adjustment to our rules.

2b4.3 Testing Results (*Statistical risk model: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. Risk stratification: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata*):
We do not apply risk adjustment to our rules.

2b4.4 If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment: To satisfy the ability to apply evidence-based risk stratification protocols, we would have to collect electronic data to support the stratification, systematically; and often these data are not readily captured using standard electronic feeds. Other potential risk factors, e.g. race, gender, age, and socioeconomic status, relate to disparities in care, and except for age would be difficult to capture. In addition, risk stratification for a process measure might not be applicable. We anticipate that once electronic health records and clinical data become more prevalent and robust, we will be able to capture these additional data for routine risk adjustment.

2b5. Identification of Meaningful Differences in Performance. (*The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.*)

2b5.1 Data/Sample (*Describe the data or sample including number of measured entities; number of*

patients; dates of data; if a sample, characteristics of the entities included):

Our ability to analyze measures across different populations is limited by the characteristics of a specific client population. Since the rules are electronic, they are applied consistently, independent of the population characteristics. For example running this measure on a young population, may result in a lower denominator and compliance rate, compared to evaluating the measure across an older population.

2b5.2 Analytic Method (Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance):

See comments above.

2b5.3 Results (Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance):

See comments above.

2b6. Comparability of Multiple Data Sources/Methods. (If specified for more than one data source, the various approaches result in comparable scores.)

2b6.1 Data/Sample (Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

We receive electronic data from multiple sources – health plan, electronic health record, personal health record, etc. Independent of the sources, all the available data about a patient are aggregated into a single patient record for use in performance measurement. Therefore, for an individual patient the record will include claims data, clinical data from an electronic health record, or a self-reported data from a patient health record. Based on this, we do not typically conduct analyses based on disparate sources of data. Instead, the rules contain redundancies to accommodate the different sources of data or the absence of specific data based on the source.

2b6.2 Analytic Method (Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure):

See comments above.

2b6.3 Testing Results (Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted):

See comments above.

2c. Disparities in Care: H ☒ M ☒ L ☒ I ☒ NA ☒ (If applicable, the measure specifications allow identification of disparities.)

2c.1 If measure is stratified for disparities, provide stratified results (Scores by stratified categories/cohorts): We do not stratify our measures for disparities.

2c.2 If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain:

To stratify based on disparities, would require that we receive electronic data in our standard feeds that we do not currently receive, e.g., race, ethnicity, socioeconomic status. We anticipate that once electronic health records and clinical data become more prevalent and robust, we will be able to capture these additional data for routine use including stratification disparities.

2.1-2.3 Supplemental Testing Methodology Information:

Steering Committee: Overall, was the criterion, Scientific Acceptability of Measure Properties, met? (Reliability and Validity must be rated moderate or high) Yes ☒ No ☒

Provide rationale based on specific subcriteria:

If the Committee votes No, STOP

3. USABILITY

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (**evaluation criteria**)

C.1 Intended Actual/Planned Use (Check all the planned uses for which the measure is intended): **Public Reporting, Quality Improvement (Internal to the specific organization)**

3.1 Current Use (Check all that apply; for any that are checked, provide the specific program information in the following questions): **Public Reporting, Quality Improvement (Internal to the specific organization)**

3a. Usefulness for Public Reporting: H● M● L● I●

(The measure is meaningful, understandable and useful for public reporting.)

3a.1. Use in Public Reporting - disclosure of performance results to the public at large (If used in a public reporting program, provide name of program(s), locations, Web page URL(s)). If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: **[For Maintenance** – If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.]

Traditionally, we have reported our measures to clients, who then publish the results publicly. We are in the process of working with clients who are part of a number of initiatives including patient-centered medical homes and accountable care organizations. We anticipate that with these new initiatives, that we will deploy our quality measures, the results of which should be part of the public reporting and quality initiative programs.

3a.2. Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting. If usefulness was demonstrated (e.g., focus group, cognitive testing), describe the data, method, and results: **The measures performance results are useful because there is independent evidence that patients with CKD do not necessarily receive the appropriate intervention especially in the primary care setting.**

Patients with chronic kidney disease are at high risk for cardiovascular events. The detection of dyslipidemia allows for early treatment with statins, which may decrease this risk and reduce subsequent complications and costs.

Providing public reporting of this measure will lead to increased awareness of the need to screen for cardiovascular risk factors in renal patients and where appropriate to treat.

3.2 Use for other Accountability Functions (payment, certification, accreditation). If used in a public accountability program, provide name of program(s), locations, Web page URL(s): **We are in the process of working with clients who are part of a number of initiatives including patient-centered medical homes and accountable care organizations.**

3b. Usefulness for Quality Improvement: H● M● L● I●

(The measure is meaningful, understandable and useful for quality improvement.)

3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s):

[For Maintenance – If not used for QI, indicate the reasons and describe progress toward using performance results for improvement].

Traditionally, we have reported our measures to clients, who then publish the results publicly. We are in the process of working with clients who are a part of a number of initiative including patient-centered medical homes and accountable care organizations. We anticipate that with these new initiatives, that we will deploy our quality measures, the results of which should be part of the public reporting and quality initiative programs.

3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality improvement. If usefulness was demonstrated (e.g., QI initiative), describe the data, method and results:

The measures performance results are useful because there is independent evidence that patients with CKD do not necessarily receive the appropriate intervention especially in the primary care setting. Patients with chronic kidney disease are at high risk for cardiovascular events. The detection of dyslipidemia allows for early treatment with statins, which may decrease this risk and reduce subsequent complications and costs.

Providing public reporting of this measure will lead to increased awareness of the need to screen for cardiovascular risk factors in renal patients and where appropriate to treat.

Internally we reported a compliance rate of 86 and based on the literature there is room for improvement.

Overall, to what extent was the criterion, *Usability*, met? H M L I
Provide rationale based on specific subcriteria:

4. FEASIBILITY

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. **(evaluation criteria)**

4a. Data Generated as a Byproduct of Care Processes: H M L I

4a.1-2 How are the data elements needed to compute measure scores generated? *(Check all that apply).*

Data used in the measure are:

generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition, Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Other
 personal health record, disease management system

4b. Electronic Sources: H M L I

4b.1 Are the data elements needed for the measure as specified available electronically *(Elements that are needed to compute measure scores are in defined, computer-readable fields):* ALL data elements are in a combination of electronic sources

4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources:

4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H M L I

4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results:

We use a combination of data sources to mitigate the risk of inaccuracies or errors. We recognize that generally, electronic data have inherent errors and inaccuracies related to incorrect coding, or missing data,

which can result in less specificity in the definition of the denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the data. In addition, where possible, we corroborate the data, for example if we receive an ICD-9 code for diabetes from claims, we also build include in the rule the requirement for diabetic medications. We have a mechanism in place to solicit feedback from providers via a feedback form, if they detect errors with the measure.

We do not anticipate significant unintended consequences from the implementation of the measure. Our measures are all developed from evidence-based literature or from clinical practice guidelines and are designed to encourage appropriate care of the patient.

4d. Data Collection Strategy/Implementation: H● M● L● I●

A.2 Please check if either of the following apply (regarding proprietary measures): [Proprietary measure](#)

4d.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues (e.g., fees for use of proprietary measures):

Generally, we have learned that we have to be flexible to take in data from all possible sources. We have also heard from providers, that they prefer that the rules err on the side of specificity, e.g., lessen the risk of false positives, that is, identifying the wrong patient for the denominator and that they want a mechanism to provide feedback.

Overall, to what extent was the criterion, *Feasibility*, met? H● M● L● I●

Provide rationale based on specific subcriteria:

OVERALL SUITABILITY FOR ENDORSEMENT

Does the measure meet all the NQF criteria for endorsement? Yes● No●

Rationale:

If the Committee votes No, STOP.

If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.

5. COMPARISON TO RELATED AND COMPETING MEASURES

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure before a final recommendation is made.

5.1 If there are related measures (either same measure focus or target population) or competing measures (both the same measure focus and same target population), list the NQF # and title of all related and/or competing measures:

1668 : Adult Kidney Disease: Laboratory Testing (Lipid Profile)

5a. Harmonization

5a.1 If this measure has EITHER the same measure focus OR the same target population as [NQF-endorsed measure\(s\)](#): Are the measure specifications completely harmonized? Yes

5a.2 If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden:

5b. Competing Measure(s)

5b.1 If this measure has both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible):

Measure 1668 is similar to our measure in that it also measures those patients with CKD who have had a lipid profile in the past 12 months. Our measure is more comprehensive in that it includes patients with CKD at any stage (not just stages 3-5) and also includes adolescents. We feel that the evidence supports including those patients with CKD in the initial stages as well as younger patients with CKD, as early monitoring will allow for earlier intervention and hopefully prevent/lower future serious health and economic consequences.

CONTACT INFORMATION

Co.1 Measure Steward (Intellectual Property Owner): ActiveHealth Management, 1333 Broadway, New York, New York, 10018

Co.2 Point of Contact: Madhavi, Vemireddy, MD, mvemireddy@activehealth.net, 212-651-8200-

Co.3 Measure Developer if different from Measure Steward: ActiveHealth Management, 1333 Broadway, New York, New York, 10018

Co.4 Point of Contact: Madhavi, Vemireddy, MD, mvemireddy@activehealth.net, 212-651-8200-

Co.5 Submitter: Bani, Vir, MD, bvir@activehealth.net, 212-651-8200-, ActiveHealth Management

Co.6 Additional organizations that sponsored/participated in measure development:

Co.7 Public Contact: Bani, Vir, MD, bvir@activehealth.net, 212-651-8200-, ActiveHealth Management

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development

Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.
n/a

Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward: n/a

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.3 Year the measure was first released: 2009

Ad.4 Month and Year of most recent revision: 09, 2011

Ad.5 What is your frequency for review/update of this measure? Every 2 years

Ad.6 When is the next scheduled review/update for this measure? 10, 2013

Ad.7 Copyright statement: This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of ActiveHealth Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.

Ad.8 Disclaimers: Date of measure revision: 09/30/2011

Items that have been revised: 1a.3, 1a.4, 1b.2, 1b.3, 1b.4, 1c.4, 1c.15, 2b2.3, 3.1, 5a.1, 5b.1.

Summary of revisions: We have updated and edited our literature to reflect an emphasis on evidenced-based medicine and to more accurately support our measure as it is presented. We have also updated information regarding our test results and evidence of performance gap.

Ad.9 Additional Information/Comments:

Date of Submission (MM/DD/YY): 07/07/2011