



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to subcriterion 1b).

Brief Measure Information

NQF #: 0664

Corresponding Measures:

De.2. Measure Title: Patient(s) with an emergency medicine visit for syncope that had an ECG.

Co.1.1. Measure Steward: Optum

De.3. Brief Description of Measure: This measure identifies patients with an emergency medicine visit for syncope that had an ECG done as part of their evaluation.

1b.1. Developer Rationale: This measure will identify patients with an emergency department visit for syncope who had an ECG as part of their evaluation. This evaluation will identify patients cardiac arrhythmia or ischemia as the cause of syncope.

S.4. Numerator Statement: Patients who have an emergency medicine visit for syncope, who had an electrocardiogram (ECG) during the event

S.7. Denominator Statement: Patients 60 years of age or older who have an emergency medicine encounter with a diagnosis of syncope

S.10. Denominator Exclusions: 1. Exclude emergency medicine events which included hospitalizations

2. Exclude emergency medicine events without a preceding clear window

3. Exclude emergency medicine events where the member was less than 60 years of age on the episode end date

De.1. Measure Type: Process

S.23. Data Source: Claims, Electronic Health Data

S.26. Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Facility, Health Plan, Integrated Delivery System, Other, Population : Community, County or City, Population : Regional and State

IF Endorsement Maintenance – Original Endorsement Date: Jan 17, 2011 **Most Recent Endorsement Date:** Jan 17, 2011

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all subcriteria to pass this criterion and be evaluated against the remaining criteria.**

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form

[0664_Evidence_MSF5.0_Data.doc](#)

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or

- disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

This measure will identify patients with an emergency department visit for syncope who had an ECG as part of their evaluation. This evaluation will identify patients cardiac arrhythmia or ischemia as the cause of syncope.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. (This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

Using a geographically diverse 15 million member benchmark database (this database represents predominately a commercial population less than 65 year of age) the compliance rate was 77.5 percent, indicating a clear gap in care and opportunity for care improvement.

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

Ingenix EBM Connect benchmark results, September 2009

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (This is required for endorsement maintenance. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

None

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

1c. High Priority (previously referred to as High Impact)

The measure addresses:

- a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF; OR
- a demonstrated high-priority (high-impact) aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1c.1. Demonstrated high priority aspect of healthcare

Patient/societal consequences of poor quality, Affects large numbers

1c.2. If Other:

1c.3. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare.

List citations in 1c.4.

Syncope is a common presentation to the emergency department (ED) that accounts for 1 to 1.5 percent of emergency department visits every year; it accounts for up to 6% of hospital admissions (1,2). Although most potential causes are benign and self-limited, others are associated with significant morbidity and mortality. During emergency department evaluation, the cause of syncope often remains unclear. Therefore, evaluation and management must focus on risk stratification to distinguish patients who can be safely discharge from patients who require emergent investigation and hospitalization. ECG testing is recommended to identify potentially life-threatening conditions such as prolonged intervals (QRS, QTc), severe bradycardia, preexcitation syndromes, evidence of myocardial infarction, and other abnormalities (3).

1c.4. Citations for data demonstrating high priority provided in 1a.3

1. Blanc JJ, L'Her C, Touiza A, et al. Prospective evaluation and outcome of patients admitted for syncope over a 1 year period. Eur Heart J 2002;23:815-820.
2. Quinn JV, Stiell IG, McDermott DA, et al. Derivation of the San Francisco syncope rule to predict patients with short-term serious

outcomes. Ann Emerg Med 2004;43:224-232.

3. American College of Emergency Physicians (ACEP). Clinical policy: critical issues in the evaluation and management of patients presenting to the emergency department with syncope. Ann Emerg Med. 2007;49:431-444.

1c.5. If a PRO-PM (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. (Describe how and from whom their input was obtained.)

2. Reliability and 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. **Measures must be judged to meet the subcriteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Cardiovascular

De.6. Non-Condition Specific (check all the areas that apply):

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment Attachment: Input Guide_NQF-634014150078164140-635161915346265471.doc

S.3. For endorsement maintenance, please briefly describe any changes to the measure specifications since last endorsement date and explain the reasons.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Patients who have an emergency medicine visit for syncope, who had an electrocardiogram (ECG) during the event

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

During the emergency medicine event, defined as one day prior to the start date of the emergency medicine encounter through one day after the end date of the emergency medicine encounter

S.6. 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, specific data collection items/responses, code/value sets – Note: lists of

individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)
IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Patients who fulfilled at least one of the following criteria (A or B) during the following time period: one day prior to the start date of the emergency medicine encounter through one day after the end date of the emergency medicine encounter:

A. Patients who had an electrocardiogram (ECG) (code sets PR0304, RV0304, LC0049)

B. Patients who had a 12-lead ECG performed (code set PR0305) and NO claim with a procedure code for 12-lead ECG performed that indicated a reason for not obtaining a 12-lead ECG (code set PR0306)

1. 1P (Performance Measure Exclusion Modifier due to medical reasons)
2. 2P (Performance Measure Exclusion Modifier due to patient reasons)

Cd. Set Cd. Set Description Procedure Code

PR0304	Electrocardiography	0178T
PR0304	Electrocardiography	0179T
PR0304	Electrocardiography	0180T
PR0304	Electrocardiography	0206T
PR0304	Electrocardiography	89.52
PR0304	Electrocardiography	89.53
PR0304	Electrocardiography	93000
PR0304	Electrocardiography	93005
PR0304	Electrocardiography	93010
PR0304	Electrocardiography	93015
PR0304	Electrocardiography	93016
PR0304	Electrocardiography	93017
PR0304	Electrocardiography	93018
PR0304	Electrocardiography	99350
PR0304	Electrocardiography	4A02X4A
PR0304	Electrocardiography	4A02X4Z
PR0304	Electrocardiography	4A02XFZ
PR0304	Electrocardiography	4A02XPZ

Cd. Set Cd. Set Description Procedure Code

PR0305	12-lead ECG performed	3120F
PR0305	12-lead ECG performed	G8704

Cd. Set	Code Set Description	PR Code	Modifier
PR0306	12-lead ECG performed (exclusion modifier)	3120F	1P
PR0306	12-lead ECG performed (exclusion modifier)	3120F	2P

Cd. Set	Code Set Description	Revenue Code
RV0304	Electrocardiography	0482
RV0304	Electrocardiography	0730
RV0304	Electrocardiography	0739

Cd. Set	Code Set Description	LOINC Code
LC0049	Electrocardiography	10000-8
LC0049	Electrocardiography	10001-6
LC0049	Electrocardiography	10002-4
LC0049	Electrocardiography	10003-2
LC0049	Electrocardiography	10004-0
LC0049	Electrocardiography	10005-7
LC0049	Electrocardiography	10006-5
LC0049	Electrocardiography	10007-3
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LC0049	Electrocardiography	9968-9
LC0049	Electrocardiography	9969-7
LC0049	Electrocardiography	9970-5
LC0049	Electrocardiography	9971-3

LC0049	Electrocardiography	9972-1
LC0049	Electrocardiography	9973-9
LC0049	Electrocardiography	9974-7
LC0049	Electrocardiography	9975-4
LC0049	Electrocardiography	9976-2
LC0049	Electrocardiography	9977-0
LC0049	Electrocardiography	9978-8
LC0049	Electrocardiography	9979-6
LC0049	Electrocardiography	9980-4
LC0049	Electrocardiography	9981-2
LC0049	Electrocardiography	9982-0
LC0049	Electrocardiography	9983-8
LC0049	Electrocardiography	9984-6
LC0049	Electrocardiography	9985-3
LC0049	Electrocardiography	9986-1
LC0049	Electrocardiography	9987-9
LC0049	Electrocardiography	9988-7
LC0049	Electrocardiography	9989-5
LC0049	Electrocardiography	9990-3
LC0049	Electrocardiography	9991-1
LC0049	Electrocardiography	9992-9
LC0049	Electrocardiography	9993-7
LC0049	Electrocardiography	9994-5
LC0049	Electrocardiography	9995-2
LC0049	Electrocardiography	9996-0
LC0049	Electrocardiography	9997-8
LC0049	Electrocardiography	9998-6
LC0049	Electrocardiography	9999-4

S.7. Denominator Statement (Brief, narrative description of the target population being measured)

Patients 60 years of age or older who have an emergency medicine encounter with a diagnosis of syncope

S.8. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Elderly

S.9. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

Criteria for inclusion in the denominator are as follows:

1. All males or females that are 60 years of age or older at the end of the report period
2. The patient must be continuously enrolled in both medical and pharmacy benefits throughout the emergency medicine event. The event is defined as one day prior to the start date of the emergency medicine encounter through one day after the end date of that encounter. The standard EBM Connect® enrollment break logic allows unlimited breaks in coverage of no more than 45 days and no breaks greater than 45 days.
3. Build an event with a claim during the following window of time: one day after the start of the 12-month report period through one day prior to the end of the 12-month report period, where the diagnosis is syncope (as defined by CMS)(code set DX0306) and the procedure on the claim is emergency medicine service codes (CMS defined) (code set PR0303). The emergency medicine event will encompass the following period of time: one day prior to the emergency medicine encounter through one day after that encounter. EBM Connect® allows multiple emergency medicine events within the time period defined in the “denominator time window” section if denominator requirements are met for all events.

Cd. Set Code Set Description DX Code Diagnosis Code Description

DX0306 Syncope (CMS) 780.2 SYNCOPE AND COLLAPSE

DX0306 Syncope R55 SYNCOPE AND COLLAPSE

Cd.	Set Code Set Description	Procedure Code
PR0303	Emergency medicine service codes (CMS)	99281
PR0303	Emergency medicine service codes (CMS)	99282
PR0303	Emergency medicine service codes (CMS)	99283
PR0303	Emergency medicine service codes (CMS)	99284
PR0303	Emergency medicine service codes (CMS)	99285
PR0303	Emergency medicine service codes (CMS)	99291

S.10. Denominator Exclusions (Brief narrative description of exclusions from the target population)

1. Exclude emergency medicine events which included hospitalizations
2. Exclude emergency medicine events without a preceding clear window
3. Exclude emergency medicine events where the member was less than 60 years of age on the episode end date

S.11. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

1. Exclude the event if, during the following time period: one day prior to the emergency medicine encounter through one day after that encounter, a facility event – confinement/admission (i.e., hospitalization) occurred.
2. Exclude the event if, on the event start date (one day prior to the start date of the emergency room encounter), there is a claim where the procedure is emergency medicine service codes (CMS defined) (code set PR0303).
3. Exclude the event if the patient was less than 60 years of age on the episode end date (defined as the end date of the emergency medicine encounter).

Cd.	Set Code Set Description	Procedure Code
PR0303	Emergency medicine service codes (CMS)	99281
PR0303	Emergency medicine service codes (CMS)	99282
PR0303	Emergency medicine service codes (CMS)	99283
PR0303	Emergency medicine service codes (CMS)	99284
PR0303	Emergency medicine service codes (CMS)	99285
PR0303	Emergency medicine service codes (CMS)	99291

S.12. Stratification Details/Variables (All information required to stratify the measure results including the stratification variables, definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)

Does not apply

S.13. Risk Adjustment Type (Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)

No risk adjustment or risk stratification

If other:

S.14. Identify the statistical risk model method and variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)

S.15. Detailed risk model specifications (must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

S.16. Type of score:

Rate/proportion

If other:

S.17. 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)

S.18. 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.)

1. Exclude members who meet denominator exclusion criteria
2. Assign a YES or NO result to remaining members based on numerator response
3. Rate = YES/[YES+NO]

S.19. Calculation Algorithm/Measure Logic Diagram URL or Attachment (You also may provide a diagram of the Calculation Algorithm/Measure Logic described above at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

S.20. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

A 15 million patient population sample was chosen to analyze the potential patient safety gap in care. The sample was derived from more than 60 million patients based on criteria including national geographic representation, commercial health coverage and patient age less than 65.

S.21. Survey/Patient-reported data (If measure is based on a survey, provide instructions for conducting the survey and guidance on minimum response rate.)

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

S.22. Missing data (specify how missing data are handled, e.g., imputation, delete case.)

Required for Composites and PRO-PMs.

S.23. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.24.

Claims, Electronic Health Data

S.24. Data Source or Collection Instrument (Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc.)

IF a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

Our data source is a proprietary Ingenix provider database that includes more than 60 million patients, over multiple years. It includes data from multiple payors. This measure specifically uses the following data from this database: member demographics, ICD-9 codes, revenue codes, CPT codes, place of service codes, and LOINC ECG lab results.

S.25. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

S.26. Level of Analysis (Check ONLY 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

S.27. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

<p>Inpatient/Hospital, Outpatient Services If other:</p>
<p>S.28. COMPOSITE Performance Measure - Additional Specifications <i>(Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)</i></p>
<p>2a. Reliability – See attached Measure Testing Submission Form 2b. Validity – See attached Measure Testing Submission Form 0664_MeasureTesting_MS5.0_Data.doc</p>

<p>3. Feasibility</p>
<p>Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.</p>
<p>3a. Byproduct of Care Processes For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).</p> <p>3a.1. Data Elements Generated as Byproduct of Care Processes. Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims) If other:</p>
<p>3b. Electronic Sources The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.</p> <p>3b.1. To what extent are the specified data elements available electronically in defined fields? <i>(i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields)</i> No</p> <p>3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.</p> <p>3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Attachment:</p>
<p>3c. Data Collection Strategy Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.</p> <p>3c.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. IF a PRO-PM, consider implications for both individuals providing PROM data (patients, service recipients, respondents) and those whose performance is being measured. No modifications have been made based on testing or operational use of the measure.</p> <p>3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified <i>(e.g., value/code set, risk model, programming code, algorithm).</i></p>

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Planned	Current Use (for current use provide URL)
Public Reporting	
Payment Program	
Quality Improvement (Internal to the specific organization)	

4a.1. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

4b. Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b.1. Progress on Improvement. (Not required for initial endorsement unless available.)

Performance results on this measure (current and over time) should be provided in 1b.2 and 1b.4. Discuss:

- Progress (trends in performance results, number and percentage of people receiving high-quality healthcare)
- Geographic area and number and percentage of accountable entities and patients included

4b.2. If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4c. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4c.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

None anticipated

5. Comparison to Related or 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.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

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

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses 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.)

The submission of CPT II codes is extremely limited. This challenges the widespread usability and feasibility of the current AMA PCPI measure. Our measure enhances the current AMA PCPI measure by allowing CPT I and LOINC codes for ECG tests to satisfy numerator compliance. This source of enriched claims data dramatically increases the usability and feasibility of this measure.

Related Measures: 0093: Electrocardiogram Performed for Syncope

Appendix
<p>A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.</p> <p>Attachment:</p>
Contact Information
<p>Co.1 Measure Steward (Intellectual Property Owner): Optum</p> <p>Co.2 Point of Contact: Steven, Pranke, steve.prnake@optum.com, 801-982-3415-</p> <p>Co.3 Measure Developer if different from Measure Steward: Ingenix</p> <p>Co.4 Point of Contact: Kay , Schwebke, kay.schwebke@ingenix.com, 952-833-7154-</p>
Additional Information
<p>Ad.1 Workgroup/Expert Panel involved in measure development</p> <p>Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.</p> <p>We have an external consultant panel that participates in the original literature search process, measure development, code set review, testing review, and maintenance processes. Panel members include the following:</p> <p>NAME & Title Employer/Position</p> <p>Alexander, Beth Pharm D, BCPS Assistant Professor, Augsburg College</p> <p>Ayenew, Woubeshet, MD Hennepin Faculty Associates; Hennepin County Medical Center</p> <p>Becker, Keith, MD Fairview Medical Center</p> <p>Betcher, Susan, MD Allina Medical Clinic</p> <p>Bruer, Paul, MD Comprehensive Ophthalmology, LLC</p> <p>Capecchi, Joseph, MD Allina Medical Clinic</p> <p>Giesler, Janell, MD Allina Medical Clinic</p> <p>Grabowski, Carol, MD Allina Medical Clinic</p> <p>Hansen, Calvin, MD Iowa Health Physicians</p> <p>Hargrove, Jody, MD Arthritis and Rheumatology Consultants</p> <p>Hermann, Richard, MD Tufts - New England Medical Center</p> <p>Jemming, Brian, Pharm D CentraCare Health System</p> <p>Kohen, Jeffrey, MD Veterans Affairs Medical Center</p> <p>McCarthy, Teresa, MD University of Minnesota, Department of Family Medicine & Community Health</p> <p>McEvoy, Charlene, MD, MPH HealthPartners & HealthPartners Research Foundation; Assistant Professor of Medicine, University of Minnesota</p> <p>McGee, Deanna, Pharm D, BCPS Retail Pharmacy</p> <p>Ogle, Kathleen, MD Hennepin Faculty Associates; Hennepin County Medical Center: Assistant Professor of Medicine, University of Minnesota Medical School</p> <p>Peter, Kathleen, MD Park Nicollet Medical Center</p> <p>Pieper-Bigelow, Christina, MD Allina Medical Clinic</p> <p>Redmon, Bruce, MD University of Minnesota Physicians</p> <p>Scharpf, Steven, MD Mountain Valleys Health Centers</p> <p>Weitz, Carol, MD Independent</p>
Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 2008

Ad.3 Month and Year of most recent revision: 2007

Ad.4 What is your frequency for review/update of this measure? every three years at minimum

Ad.5 When is the next scheduled review/update for this measure? 04, 2010

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