Quality ID #441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) – National Quality Strategy Domain: Effective Clinical Care

<u>2018 OPTIONS FOR INDIVIDUAL MEASURES:</u>
REGISTRY ONLY

<u>MEASURE TYPE:</u>
Intermediate Outcome

<u>DESCRIPTION:</u>
The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include:
- Most recent blood pressure (BP) measurement is less than 140/90 mm Hg -- And
- Most recent tobacco status is Tobacco Free -- And
- Daily Aspirin or Other Antiplatelet Unless Contraindicated -- And
- Statin Use Unless Contraindicated

<u>INSTRUCTIONS:</u>
This measure is to be submitted a minimum of **once per performance period** for all patients seen during the performance period. The most recent quality-data code submitted will be used for performance calculation. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure for the primary management of patients with ischemic vascular disease based on the services provided and the measure-specific denominator coding.

Measure Submission:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

<u>THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:</u>
1) Patients with coronary artery disease (CAD) or a CAD Risk-Equivalent Condition (other atherosclerotic vascular disease, including peripheral arterial disease, atherosclerotic aortic disease, and carotid artery disease) 18-75 years of age and alive as of the last day of the measurement period and a minimum of two CAD or CAD Risk-Equivalent Condition coded office visits with a Primary Care Provider (PCP) / Cardiologist in 24 months and one office visits in 12 months.

OR
2) Patients with one Acute Coronary Event (Acute Myocardial Infarction [AMI], Percutaneous Coronary Intervention [PCI], or Coronary Artery Bypass Graft [CABG]) 18-75 years of age and alive as of the last day of the measurement period) from a hospital visit (excluding Emergency and Lab Only visits) and have been seen by a primary care provider (PCP) / Cardiologist for two office visits in 24 months and one office visit in 12 months

<u>SUBMISSION CRITERIA 1: PATIENTS WITH CORONARY ARTERY DISEASE (CAD) OR A CAD RISK-EQUIVALENT CONDITION 18-75 YEARS OF AGE AND ALIVE AS OF THE LAST DAY OF THE MEASUREMENT PERIOD AND A MINIMUM OF TWO CAD OR CAD RISK-EQUIVALENT CONDITION CODED OFFICE VISITS WITH A PRIMARY CARE PROVIDER (PCP) / CARDIOLOGIST IN 24 MONTHS AND ONE OFFICE VISIT IN 12 MONTHS</u>

DENOMINATOR (SUBMISSION CRITERIA 1):
Patients with CAD or a CAD Risk-Equivalent Condition (other atherosclerotic vascular disease, including peripheral arterial disease, atherosclerotic aortic disease, and carotid artery disease) 18-75 years of age and alive as of the last day of the measurement period and a minimum of two CAD or CAD Risk-Equivalent Condition coded office visits with a Primary Care Provider (PCP) / Cardiologist in 24 months and one office visits in 12 months

> *DENOMINATOR NOTE: To meet the denominator criteria, the 24-month look back period applies to the performance period plus prior year. *This measure requires two patient encounters. At least one of the encounters should occur during the performance period to be eligible.*

> **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

Denominator Criteria (Eligible Cases) 1:
Patients aged 18 through 75 years
AND
Diagnosis for CAD (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.A1, I21.A9, I22.0, I22.1, I22.8, I22.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, Z95.1, Z95.5, Z95.818, Z95.820, Z95.828, Z95.9, Z98.61, Z98.62
OR
Diagnosis for CAD Risk-Equivalent Condition (ICD-10-CM): I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.211, I63.212, I63.213, I63.219, I63.20, I63.22, I63.29, I63.231, I63.232, I63.233, I63.239, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.329, I63.331, I63.332, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.52, I63.521, I63.522, I63.523, I63.529, I63.53, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I70.1, I70.2, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75,

I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I74.01, I74.09, I74.10, I74.11, I74.19, I74.2, I74.3, I74.4, I74.5, I74.8, I74.9, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89

AND

At least two patient encounters within 24 months (one encounter during the reporting year)* (CPT or HCPCS): 96160, 96161, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99461, 99490, 99495, 99496, G0402, G0438, G0439

AND

Patient alive as of the last day of the measurement year: G9787

NUMERATOR (ALL OR NOTHING):

The number of IVD patients who meet ALL of the following targets:

- Most recent BP is less than 140/90 mm Hg And
- Most recent tobacco status is Tobacco Free (NOTE: If there is No Documentation of Tobacco Status the patient is not compliant for this measure) And
- Daily Aspirin or Other Antiplatelet Unless Contraindicated And
- Statin Use Unless Contraindicated

Numerator Options:

COMPONENT 1:

Most recent BP is less than or equal to 140/90 mm Hg

NUMERATOR NOTE: Submit G9789 for blood pressures recorded during Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's. In order to meet performance, the most recent blood pressure should be recorded within the performance period.

Component Options:

Performance Met:	Most recent BP is less than or equal to 140/90 mm Hg **(G9788)**

OR

Denominator Exception:	Blood pressure recorded during inpatient stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) **(G9789)**

OR

Performance Not Met:	Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented **(G9790)**

AND
COMPONENT 2:

Most recent tobacco status is tobacco free

NUMERATOR NOTE: Submit G9792, if there is no documentation of tobacco status. In order to meet performance, the most recent tobacco status should be recorded within the performance period.

Component Options:

Performance Met:	Most recent tobacco status is tobacco free **(G9791)**

OR

Performance Not Met:	Most recent tobacco status is not tobacco free **(G9792)**

AND
COMPONENT 3:

Daily aspirin or other antiplatelet unless contraindicated

Component Options:
Performance Met: Patient is currently on a daily aspirin or other antiplatelet **(G9793)**

OR
Performance Met: Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, Idiopathic Thrombocytopenic Purpura (ITP), Gastric Bypass or documentation of active anticoagulant use during the measurement period) **(G9794)**

OR
Performance Not Met: Patient is not currently on a daily aspirin or other antiplatelet **(G9795)**

AND
COMPONENT 4:
Statin Use

Component Options:
Performance Met: Patient is currently on a statin therapy **(G9796)**
OR
Performance Met: Documentation of medical reason(s) for not on a statin (e.g. Pregnancy, In Vitro Fertilization, Clomiphene RX, ESRD, Cirrhosis, Muscular Pain and Disease during the measurement period or prior year) **(G9940)**

OR
Performance Not Met: Patient is not on a statin therapy **(G9797)**

OR

SUBMISSION CRITERIA 2: PATIENTS WITH ONE ACUTE CORONARY EVENT (ACUTE MYOCARDIAL INFARCTION [AMI], PERCUTANEOUS CORONARY INTERVENTION [PCI], OR CORONARY ARTERY BYPASS GRAFT [CABG]) 18-75 YEARS OF AGE AND ALIVE AS OF THE LAST DAY OF THE MEASUREMENT PERIOD) FROM A HOSPITAL VISIT (EXCLUDING EMERGENCY AND LAB ONLY VISITS) AND HAVE BEEN SEEN BY A PRIMARY CARE PROVIDER (PCP) / CARDIOLOGIST FOR TWO OFFICE VISITS IN 24 MONTHS AND ONE OFFICE VISIT IN 12 MONTHS

DENOMINATOR (SUBMISSION CRITERIA 2):
Patients with one Acute Coronary Event (AMI, PCI or CABG) 18-75 years of age and alive as of the last day of the measurement period from a hospital visit (excluding Emergency and Lab Only visits) and been seen by a PCP / Cardiologist for two office visits in 24 months and one office visit in 12 months

*DENOMINATOR NOTE: To meet the denominator criteria, the 24-month look back period applies to the reporting year plus prior year. **This measure requires two patient encounters. At least one of the encounters should occur during the performance period to be eligible. If the patient has the history of AMI, PCI or CABG inclusion criterion, there should be documentation of the diagnosis or procedure at the encounter being evaluated for the numerator action.*

Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.

Denominator Criteria (Eligible Cases) 2:
Patients aged 18 through 75 years
AND
History of diagnosis for AMI - include patients that had a prior (within the past 24 months) (ICD-10-CM):
I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.A1, I21.A9, I22.0, I22.1, I22.8, I22.9
OR
History of procedures for PCI - include patients that had a prior (within the past 24 months) (CPT or HCPCS): 92980, 92982, 92995, G0290
OR
History of procedure for CABG - include patients that had a prior (within the past 24 months) (CPT or HCPCS): 33510, 33511, 33512, 33513, 33514, 33515, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, S2205*, S2206*, S2207*, S2208*, S2209*
AND
At least two patient encounters within 24 months (one encounter during the reporting year) (CPT or HCPCS): 96160, 96161, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99461, 99490, 99495, 99496, G0402, G0438, G0439
AND
Patient alive as of the last day of the measurement period: G9787

NUMERATOR (All or Nothing):
The number of IVD patients who meet ALL of the following targets:
- Most recent BP is less than 140/90 mm Hg And
- Most recent tobacco status is Tobacco Free (NOTE: If there is No Documentation of Tobacco Status the patient is not compliant for this measure) And
- Daily Aspirin or Other Antiplatelet Unless Contraindicated And
- Statin Use Unless Contraindicated

Numerator Options:
COMPONENT 1:
Most recent BP is less than or equal to 140/90 mm Hg

NUMERATOR NOTE: Submit G9789, if blood pressures recorded during inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's do not qualify. In order to meet performance, the most recent blood pressure should be recorded within the performance period.

Component Options:
Performance Met:	Most recent BP is less than or equal to 140/90 mm Hg **(G9788)**

OR

Denominator Exception:	Blood pressure recorded during inpatient stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) **(G9789)**

OR

Performance Not Met:	Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented **(G9790)**

AND
COMPONENT 2:
Most recent tobacco status is tobacco free

NUMERATOR NOTE: Submit G9792, if there is no documentation of tobacco status. In order to meet performance, the most recent tobacco status should be recorded within the performance period.

<u>Component Options:</u>

Performance Met:	Most recent tobacco status is tobacco free **(G9791)**

OR

Performance Not Met:	Most recent tobacco status is not tobacco free **(G9792)**

AND
COMPONENT 3:
Daily aspirin or other antiplatelet unless contraindicated

<u>Component Options:</u>

Performance Met: Patient is currently on a daily aspirin or other antiplatelet **(G9793)**

OR
Performance Met: Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, Idiopathic Thrombocytopenic Purpura (ITP), Gastric Bypass or documentation of active anticoagulant use during the measurement period) **(G9794)**

OR
Performance Not Met: Patient is not currently on a daily aspirin or other antiplatelet **(G9795)**

AND
COMPONENT 4:
Statin Use

<u>Component Options:</u>
Performance Met: Patient is currently on a statin therapy **(G9796)**
OR
Performance Met: Documentation of medical reason(s) for not on a statin (e.g. Pregnancy, In Vitro Fertilization, Clomiphene RX, ESRD, Cirrhosis, Muscular Pain and Disease during the measurement period or prior year) **(G9940)**

OR
Performance Not Met: Patient is not on a statin therapy **(G9797)**

RATIONALE:
There has been important evidence from clinical trials that further supports and broadens the merits of risk-reduction therapies for patients with established coronary and other atherosclerotic vascular disease, including peripheral arterial disease, atherosclerotic aortic disease, and carotid artery disease.

References: Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of

the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;00:000–000.
AHA/ACC Guidelines for Preventing Heart Attack and Death in Patients With Atherosclerotic Cardiovascular Disease: 2001 Update

CLINICAL RECOMMENDATION STATEMENTS:

The American College of Cardiology (ACC) and the American Heart Association (AHA) recommends that high-intensity statin therapy should be initiated or continued as first-line therapy in women and men less than or equal to 75 years of age who have clinical atherosclerotic cardiovascular disease, unless contraindicated.

In November 2013, the ACC and AHA Task Force on Practice Guidelines released updated guidance for the treatment of blood cholesterol. The new recommendations remove treatment targets for LDL-C for the primary or secondary prevention of atherosclerotic cardiovascular disease (ASCVD) and recommend high or moderate intensity statin therapy based on patient risk factors. Four major statin benefit groups were identified for whom ASCVD risk clearly outweighs the risk of adverse events. Individuals with ASCVD are one of the identified groups.

Based on trials involving other secondary prevention therapies, the ACC and AHA recommends aspirin in all patients, unless contraindicated, with established coronary and other atherosclerotic vascular disease, including peripheral arterial disease, atherosclerotic aortic disease, and carotid artery disease. The ACC and AHA also recommend the use of other antiplatelet agents based on disease type and clinical conditions.

Patients with blood pressure greater than or equal to 140/90 mm Hg should be treated, as tolerated, with blood pressure medication, treating initially with beta blockers and/or ACE inhibitors, with addition of other drugs as needed to achieve goal blood pressure.

The ACC and AHA recommends secondary prevention for patients with Coronary and other Vascular Disease that includes strongly encouraging patient and family to stop smoking and to avoid secondhand smoke through the provision of counseling, pharmacological therapy and formal smoking cessation programs as appropriate. The goal is for complete smoking cessation.

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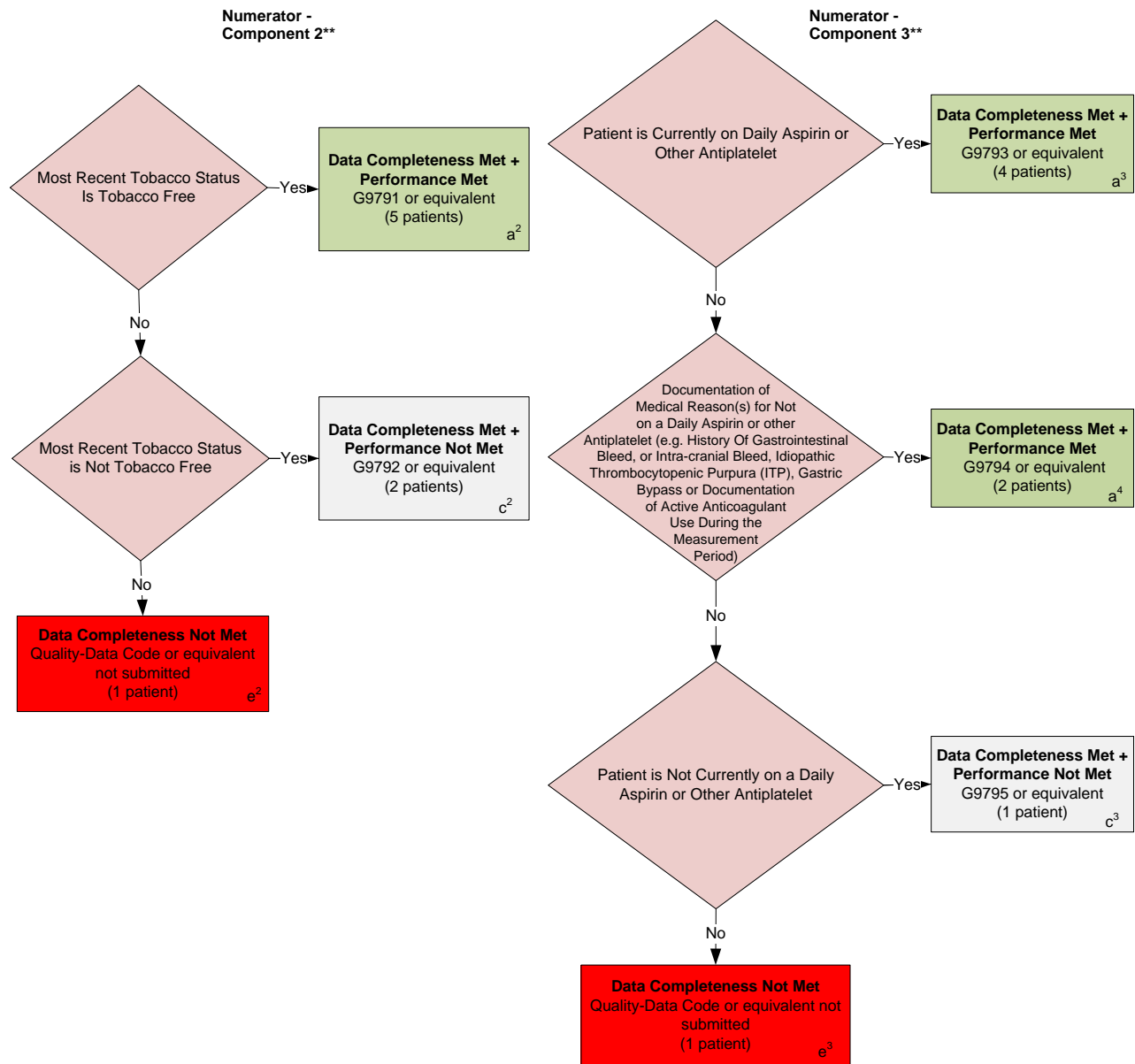Wisconsin Collaborative for Healthcare Quality

2018 Registry Flow for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Submission Criteria One

Denominator

Numerator - Component 1**

Start

Patient Age at Date of Service 18 thru 75 Years

— No →
— Yes →

Diagnosis for CAD Risk-Equivalent Condition as Listed in Denominator*

— No →

Diagnosis for CAD as Listed in Denominator*

— No →

Yes / Yes

At Least Two Patient Encounters Within 24 Months (One Encounter During the Reporting Year)*

— No →

Yes

Patient Alive as of the Last Day of the Measurement Year G9787 or equivalent

— No →

Yes

Not Included in Eligible Population/Denominator

Include in Eligible Population/Denominator (8 patients)   d[1]

Most Recent BP is Less Than or Equal to 140/90 mm Hg

— Yes → **Data Completeness Met + Performance Met** G9788 or equivalent (4 patients)   a[1]

— No →

Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP Results)

— Yes → **Data Completeness Met + Denominator Exception** G9789 or equivalent (1 patients)   b[1]

— No →

Most Recent BP is Greater Than 140/90 mm Hg, or Blood Pressure Not Documented

— Yes → **Data Completeness Met + Performance Not Met** G9790 or equivalent (2 patients)   c[1]

— No →

Data Completeness Not Met Quality-Data Code or Equivalent Not Submitted (1 patient)   e[1]

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.
NOTE: Submission Frequency: Patient-Intermediate

Numerator - Component 2**

Numerator - Component 3**

Most Recent Tobacco Status Is Tobacco Free
→ Yes →
Data Completeness Met + Performance Met
G9791 or equivalent
(5 patients)
a^2

↓ No

Most Recent Tobacco Status is Not Tobacco Free
→ Yes →
Data Completeness Met + Performance Not Met
G9792 or equivalent
(2 patients)
c^2

↓ No

Data Completeness Not Met
Quality-Data Code or equivalent not submitted
(1 patient)
e^2

Patient is Currently on Daily Aspirin or Other Antiplatelet
→ Yes →
Data Completeness Met + Performance Met
G9793 or equivalent
(4 patients)
a^3

↓ No

Documentation of Medical Reason(s) for Not on a Daily Aspirin or other Antiplatelet (e.g. History Of Gastrointestinal Bleed, or Intra-cranial Bleed, Idiopathic Thrombocytopenic Purpura (ITP), Gastric Bypass or Documentation of Active Anticoagulant Use During the Measurement Period)
→ Yes →
Data Completeness Met + Performance Met
G9794 or equivalent
(2 patients)
a^4

↓ No

Patient is Not Currently on a Daily Aspirin or Other Antiplatelet
→ Yes →
Data Completeness Met + Performance Not Met
G9795 or equivalent
(1 patient)
c^3

↓ No

Data Completeness Not Met
Quality-Data Code or equivalent not submitted
(1 patient)
e^3

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.
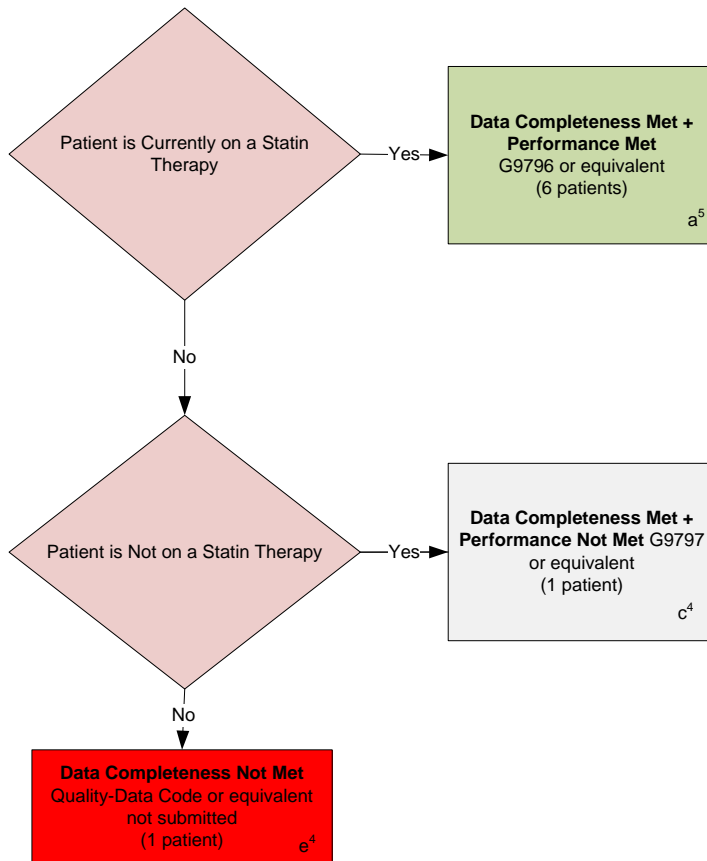NOTE: Submission Frequency: Patient-Intermediate

v2

2018 Registry Flow for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Submission Criteria One

**Numerator -
Component 4****

```
Patient is Currently on a Statin
Therapy
        │
        │ Yes──▶  Data Completeness Met +
        │        Performance Met
        │        G9796 or equivalent
        │        (6 patients)
        │                              a⁵
        │ No
        ▼
Patient is Not on a Statin Therapy
        │
        │ Yes──▶  Data Completeness Met +
        │        Performance Not Met G9797
        │        or equivalent
        │        (1 patient)
        │                              c⁴
        │ No
        ▼
Data Completeness Not Met
Quality-Data Code or equivalent
not submitted
(1 patient)
                              e⁴
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*See the posted Measure Specification for specific coding and instructions to submit this measure.

**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

NOTE: Submission Frequency: Patient-Intermediate

2018 Registry Flow for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Submission Criteria One

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8
Numerator Component 1	Met (a^1)	Met (a^1)	Met (a^1)	Met (a^1)	Exception (b^1)	Not Met (c^1)	Not Met (c^1)	Not Reported (e^1)
Numerator Component 2	Met (a^2)	Met (a^2)	Met (a^2)	Not Met (c^2)	Met (a^2)	Met (a^2)	Not Met (c^2)	Not Reported (e^2)
Numerator Component 3	Met (a^3)	Met (a^4)	Met (a^4)	Met (a^3)	Met (a^3)	Met (a^3)	Not Met (c^3)	Not Reported (e^3)
Numerator Component 4	Met (a^5)	Met (a^5)	Met (a^5)	Met (a^5)	Met (a^5)	Met (a^5)	Not Met (c^4)	Not Reported (e^4)

SAMPLE CALCULATION: Overall Data Completeness and Performance Rate

Data Completeness=

$$\frac{\text{Pt 1 } (a^1, a^2, e^3, a^5) + \text{Pt 2 } (a^1 a^2 c^3 c^4) + \text{Pt 3 } (a^1, a^2, a^4, a^5) + \text{Pt 4 } (a^1, a^2, e^3, a^5) + \text{Pt 5 } (b^1, a^2, a^3, a^5) + \text{Pt 6 } (c^1, c^2, a^3, a^5) + \text{Pt 7 } (c^1, c^2, c^3, c^4) + \text{Pt 8 } (e^1, e^2, e^3, e^4)}{\text{Eligible Population / Denominator (d= patients)}}$$

= $\frac{7 \text{ patients}}{8 \text{ patients}}$ **= 87.5%**

Performance Rate=

$$\frac{\text{Performance Met (a= 3 patients)}}{\text{Data Completeness Numerator (7 patients)} - \text{Denominator Exception (b=1 patients)}} = \frac{3 \text{ patients}}{6 \text{ patients}} = \textbf{50\%}$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.
***It is anticipated for registry submission that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate
NOTE: Submission Frequency: Patient-Intermediate

v2

2018 Registry Flow for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Submission Criteria Two

Denominator

Start

Numerator - Component 1**

Patient Age at Date of Service 18 thru 75 Years

— No → Not Included in Eligible Population/Denominator

— Yes →

Procedure for CABG as Listed in Denominator*/*** (1/1/2017 thru 12/31/2018)

Procedure for PCI as Listed in Denominator*/*** (1/1/2017 thru 12/31/2018)

Diagnosis for AMI as Listed in Denominator*/*** (1/1/2017 thru 12/31/2018)

No → No →

Yes / Yes / Yes

At Least Two Patient Encounters Within 24 Months (One Encounter During the Reporting Year)*

— No → Not Included in Eligible Population/Denominator

— Yes →

Patient Alive as of the Last Day of the Measurement Year G9787 or equivalent

— No → (Not Included in Eligible Population/Denominator)

— Yes →

Include in Eligible Population/ Denominator (8 patients) d[2]

Most recent BP is less than or equal to 140/90 mm Hg — Yes → **Data Completeness Met + Performance Met** G9788 or equivalent (4 patients) a[6]

— No →

Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) — Yes → **Data Completeness Met + Denominator Exception** G9789 or equivalent (1 patient) b[2]

— No →

Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented — Yes → **Data Completeness Met + Performance Not Met** G9790 or equivalent (2 patients) c[5]

— No →

Data Completeness Not Met Quality-Data Code or equivalent not submitted (1 patient) e[5]

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.
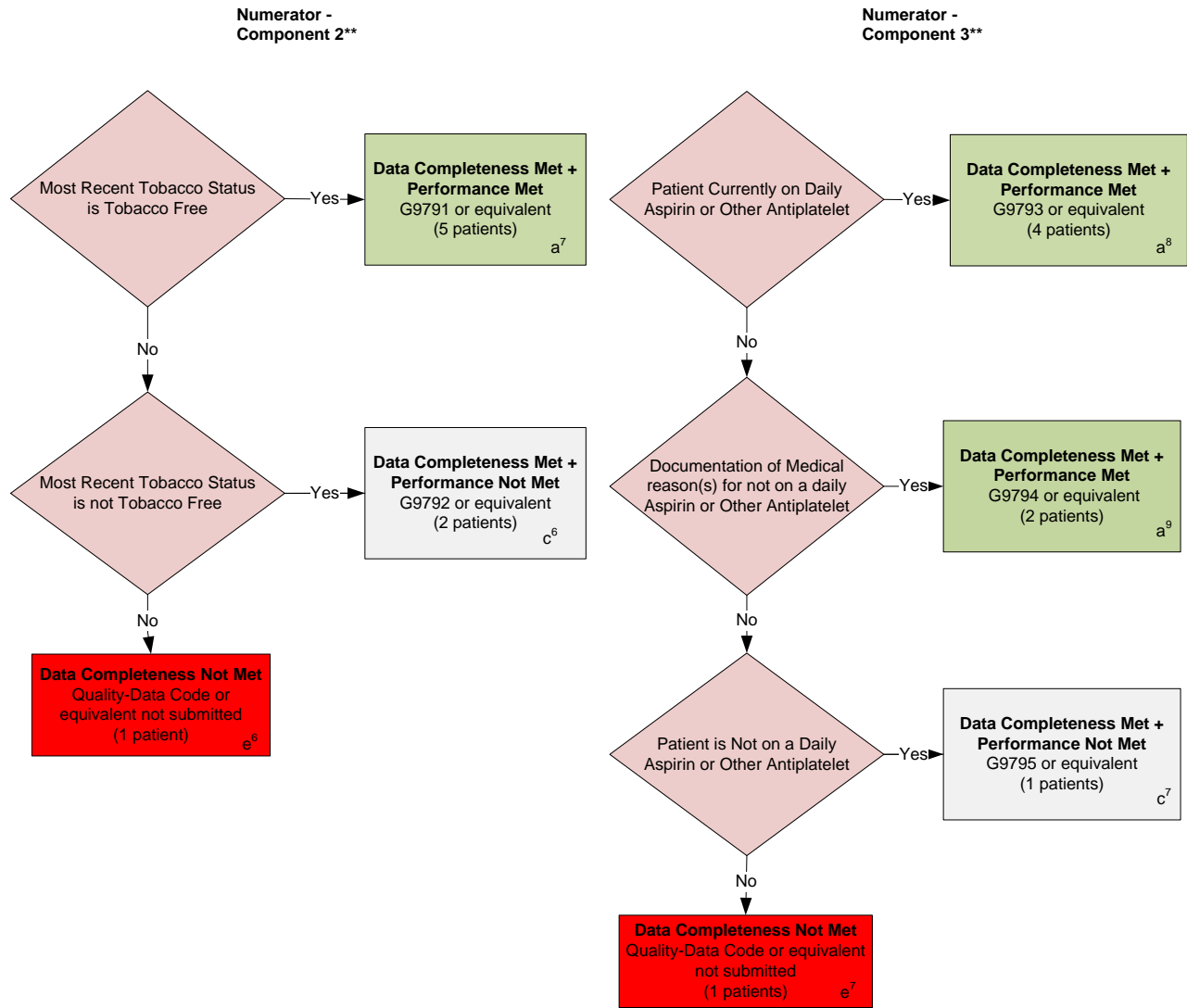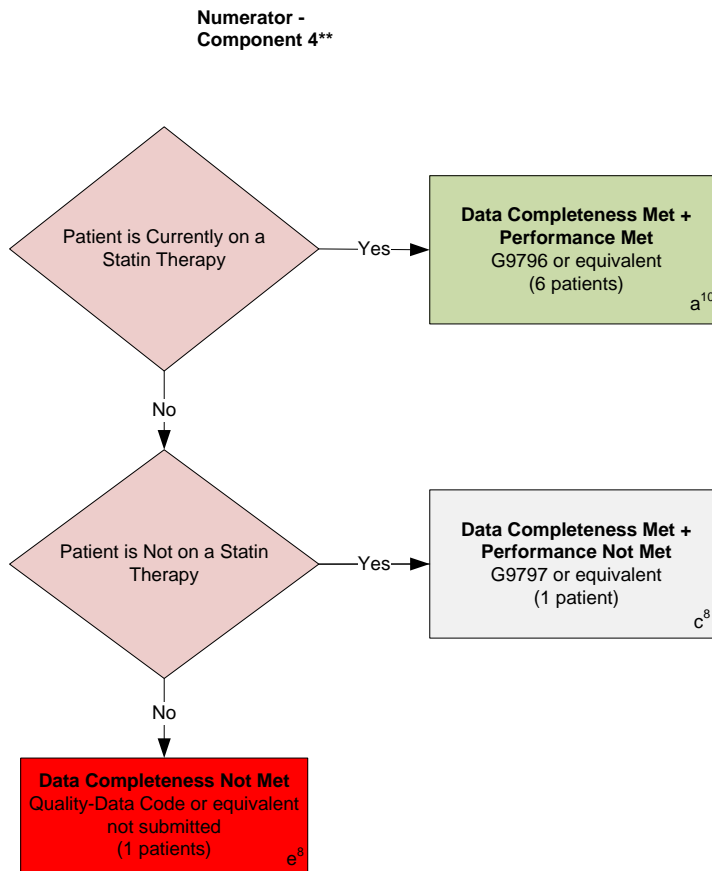***To meet the denominator criteria, the 24-month look back period applies to the performance year plus prior year. If the patient has the history of AMI, PCI or CABG inclusion criterion, there should be documentation of the diagnosis or procedure at the encounter being evaluated for the numerator action.
NOTE: Submission Frequency: Patient-Intermediate

2018 Registry Flow for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Submission Criteria Two

Numerator - Component 2**

Numerator - Component 3**

Most Recent Tobacco Status is Tobacco Free

—Yes→ **Data Completeness Met + Performance Met** G9791 or equivalent (5 patients) a[7]

—No→

Most Recent Tobacco Status is not Tobacco Free

—Yes→ **Data Completeness Met + Performance Not Met** G9792 or equivalent (2 patients) c[6]

—No→

Data Completeness Not Met Quality-Data Code or equivalent not submitted (1 patient) e[6]

Patient Currently on Daily Aspirin or Other Antiplatelet

—Yes→ **Data Completeness Met + Performance Met** G9793 or equivalent (4 patients) a[8]

—No→

Documentation of Medical reason(s) for not on a daily Aspirin or Other Antiplatelet

—Yes→ **Data Completeness Met + Performance Met** G9794 or equivalent (2 patients) a[9]

—No→

Patient is Not on a Daily Aspirin or Other Antiplatelet

—Yes→ **Data Completeness Met + Performance Not Met** G9795 or equivalent (1 patients) c[7]

—No→

Data Completeness Not Met Quality-Data Code or equivalent not submitted (1 patients) e[7]

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.
NOTE: Submission Frequency: Patient-Intermediate

v2

2018 Registry Flow for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Submission Criteria Two

**Numerator -
Component 4***

Patient is Currently on a Statin Therapy

—Yes→ **Data Completeness Met + Performance Met** G9796 or equivalent (6 patients) a[10]

No ↓

Patient is Not on a Statin Therapy

—Yes→ **Data Completeness Met + Performance Not Met** G9797 or equivalent (1 patient) c[8]

No ↓

Data Completeness Not Met Quality-Data Code or equivalent not submitted (1 patients) e[8]

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.
NOTE: Submission Frequency: Patient-Intermediate

2018 Registry Flow for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Submission Criteria Two

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8
Numerator Component 1	Met (a^6)	Met (a^6)	Met (a^6)	Met (a^6)	Exception (b^2)	Not Met (c^5)	Not Met (c^5)	Not Reported (e^5)
Numerator Component 2	Met (a^7)	Met (a^7)	Not Met (c^6)	Met (a^7)	Met (a^7)	Met (a^7)	Not Met (c^6)	Not Reported (e^6)
Numerator Component 3	Met (a^8)	Met (a^9)	Met (a^8)	Met (a^9)	Met (a^8)	Met (a^8)	Not Met (c^7)	Not Reported (e^7)
Numerator Component 4	Met (a^{10})	Met (a^{10})	Met (a^{10})	Met (a^{10})	Met (a^{10})	Met (a^{10})	Not Met (c^8)	Not Reported (e^8)

SAMPLE CALCULATION: Overall Data Completeness and Performance Rate

Data Completeness=

$$\frac{\text{Pt 1 } (a^6,a^7,a^8,a^{10}) + \text{Pt 2 } (a^6,a^7,c^7,c^8) + \text{Pt 3 } (a^6,a^7,a^8,a^{10}) + \text{Pt 4 } (a^6,a^7,e^7,a^{10}) + \text{Pt 5 } (b^2,a^7,a^8,a^{10}) + \text{Pt 6 } (c^5,c^6, a^8,a^{10}) + \text{Pt 7 } (c^5,c^6,c^7,c^8) + \text{Pt 8 } (e^5,e^6,e^7,e^8)}{\text{Eligible Population / Denominator } (d^2=8 \text{ patients})}$$

= _7 patients_ **= 87.5%**
= 8 patients

Performance Rate=

$$\frac{\text{Performance Met (a=3 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patients)}} = \frac{3 \text{ patients}}{6 \text{ patients}} = \mathbf{50\%}$$

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*See the posted Measure Specification for specific coding and instructions to submit this measure.

**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

**It is anticipated for registry submission that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate

NOTE: Submission Frequency: Patient-Intermediate

v2

2018 Registry Flow for Quality ID
#441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

<u>Submission Criteria One:</u>

1. Start with Denominator

2. Check Patient Age:

   a. If the Age is 18 through 75 years on Date of Service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.

   b. If the Age is 18 through 75 years on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis CAD.

3. Check Patient Diagnosis CAD:

   a. If Diagnosis for CAD as listed in the Denominator equals No, proceed to check next Diagnosis for CAD Risk Equivalent.

   b. If Diagnosis for CAD as listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check CAD Risk Equivalent:

   a. If Diagnosis for CAD Risk-Equivalent Condition as listed in Denominator equals No, do not include in Eligible Population. Stop Processing.

   b. If Diagnosis for CAD Risk-Equivalent Condition as listed in Denominator equals Yes, proceed to check Encounter Performed.

5. Check Encounter Performed:

   a. If At Least Two Patient Encounter within 24 Months (One Encounter During the Reporting Year) equals No, do not include in Eligible Patient Population. Stop Processing.

   b. If At Least Two Patient Encounter within 24 Months (One Encounter During the Reporting Year) equals Yes, proceed to Patient Alive as of the Last Day of the Measurement Year.

6. Check Patient Alive as of the Last Day of the Measurement Period:

   a. If Patient Alive as of the Last Day of the Measurement year equals No, do not include in Eligible Patient Population. Stop Processing.

   b. If Patient Alive as of the Last Day of the Measurement year equals Yes, include in Denominator Eligible Population.

7. Denominator Population:

   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d1 equals 8 patients in the Sample Calculation.

8. Start Numerator Component 1:

9. Check Most Recent BP Less than or Equal to 140/90 mmHg:

   a. If Most Recent BP Less than or Equal to 140/90 mmHg equals Yes, include in Data Completeness Met and Performance Met.

   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 4 patients in the Sample Calculation.

   c. If Most Recent BP Less than or Equal to 140/90 mmHg equals No, proceed to Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) .

10. Check Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results):

    a. If Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.

    c. If Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) equals No, proceed to check Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented.

11. Check Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented:

    a. If Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c1 equals 2 patients in the Sample Calculation.

    c. If Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented equals No, proceed to Data Completeness Not Met.

12. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation. Letter e1 equals minus 1 patient in the Sample Calculation.

13. Start Numerator Component 2:

14. Check Most Recent Tobacco Status is Tobacco Free:

    a. If Most Recent Tobacco Status is Tobacco Free equals Yes, include in the Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 5 patients in the Sample Calculation.

c. If Most Recent Tobacco Status is Tobacco Free equals No, proceed to next Numerator Most Recent Tobacco Status is not Tobacco Free.

15. Check Tobacco Status is Not Tobacco Free:

   a. If Tobacco Status is Not Tobacco Free equals yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c2 equals 2 patients in the Sample Calculation.

   c. If Tobacco Status is Not Tobacco Free equals No, proceed to Data Completeness Not Met.

16. Check Data Completeness Not Met:

   a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation. Letter e2 equals minus 1 patient in the Sample Calculation.

17. Start Numerator Component 3:

18. Check Patient is Currently on Daily Aspirin or Other Antiplatelet:

   a. If Patient is Currently on Daily Aspirin or Other Antiplatelet equals Yes, include in the Data Completeness Met and Performance Met.

   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a3 equals 4 patients in the Sample Calculation.

   c. If Patient is Currently on Daily Aspirin or Other Antiplatelet equals No, proceed to check Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet.

19. Check Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet:

   a. If Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet equals Yes, include in Data Completeness and Performance Met.

   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a4 equals 2 patients in the Sample Calculation.

   c. If Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet equals No, proceed to check Patient is Not Currently on a Daily Aspirin or Other Antiplatelet.

20. Check Patient is Not Currently on a Daily Aspirin or Other Antiplatelet:

   a. If Patient is Not Currently on a Daily Aspirin or Other Antiplatelet equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c3 equals 1 patient in the Sample Calculation.

   c. If Patient is Not Currently on a Daily Aspirin or Other Antiplatelet equals No, include in Data Completeness Not Met.

21. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation. Letter e3 equals minus 1 patient in the Sample Calculation.

22. Start Numerator Component 4:

23. Check Patient is Currently on a Statin Therapy:

    a. If Patient is Currently on a Statin Therapy equals Yes, include in Data Completeness and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a5 equals 5 patients in the Sample Calculation.

    c. If Patient is Currently on a Statin Therapy equals No, proceed to Documentation of Medical Reason(s) for Not on a Statin.

24. Check Documentation of Medical Reason(s) for Not on a Statin:

    a. If Documentation of Medical Reason(s) for Not on a Statin equals Yes, include in Data Completeness and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a6 equals 1 patient in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not on a Statin equals No, proceed to Patient is Not on a Statin Therapy.

25. Check Patient is Not on a Statin Therapy:

    a. If Check Patient is Not on a Statin Therapy equal Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c4 equals 1 patient in the Sample Calculation

    c. If Check Patient is not on a Statin Therapy equal No, include in Data Completeness Not Met.

26. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the data completeness numerator in the sample calculation. Letter e4 equals minus 1 patient in the Sample Calculation.

SAMPLE CALCULATION: Overall Data Completeness and Performance Rate

Data Completeness=

Pt 1 (a^1,a^2,e^3,a^5) + Pt 2 $(a^1a^2c^3c^4)$ + Pt 3 (a^1,a^2,a^4,a^5) + Pt 4 (a^1,a^2,e^3,a^5) + Pt 5 (b^1,a^2,a^3,a^5) + Pt 6 (c^1,c^2, a^3,a^5) + Pt 7 (c^1,c^2,c^3,c^4) + Pt 8 (e^1,e^2,e^3,e^4)

Eligible Population / Denominator (d= patients)

= 7 patients **= 87.5%**

= 8 patients

Performance Rate=

Performance Met (a= 3 patients)	=	3 patients	=	**50%**
Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patients)	=	6 patients		

Submission Criteria Two

1. Start with Denominator

2. Check Patient Age:

    a. If the Age is 18 through 75 years on Date of Service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.

    b. If the Age is 18 through 75 years on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis for AMI.

3. Check Patient Diagnosis for AMI:

    a. If Diagnosis for AMI as listed in the Denominator equals No, proceed to check Procedure for PCI as listed in the Denominator.

    b. If Diagnosis for AMI as listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Procedure for PCI as listed in the Denominator:

    a. If Procedure for PCI as listed in the Denominator equals No, proceed to Procedure for CABG as listed in the Denominator.

    b. If Procedure for PCI as listed in the Denominator equals Yes, proceed to check Encounter Performed.

5. Check Procedure for CABG:

    a. If Procedure for CABG as listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Procedure for CABG as listed in the Denominator equals Yes, proceed to check Encounter Performed.

6. Check Encounter Performed:

    a. If At Least Two Patient Encounters within 24 Months (One Encounter During the Reporting Year) equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If At Least Two Patient Encounter within 24 Months (One Encounter During the Reporting Year) equals Yes, proceed to Patient Alive as of the Last Day of the Measurement Year.

7. Check Patient Alive as of the Last Day of the Measurement Period:

    a. If Patient Alive as of the Last Day of the Measurement year equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Patient Alive as of the Last Day of the Measurement year equals Yes, include in Denominator Eligible Population.

8. Denominator Population:

    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d2 equals 8 patients in the Sample Calculation.

9. Start Numerator Component 1:

10. Check Most Recent BP Less than or Equal to 140/90 mmHg:

    a. If Most Recent BP Less than or Equal to 140/90 mmHg equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a7 equals 4 patients in Sample Calculation.

    c. If Most Recent BP Less than or Equal to 140/90 mmHg equals No, proceed to Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) .

11. Check Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results):

    a. If Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 1 patient in the Sample Calculation.

    c. If Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) equals No, proceed to check Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented.

12. Check Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented:

    a. If Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c5 equals 2 patients in the Sample Calculation.

    c. If Most Recent BP is Greater than 140/90 mmHg, or Blood Pressure Not Documented equals No, proceed to Data Completeness Not Met.

13. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation. Letter e5 equals minus 1 patient in the Sample Calculation.

14. Start Numerator Component 2:

15. Check Most Recent Tobacco Status is Tobacco Free:

    a. If Most Recent Tobacco Status is Tobacco Free equals Yes, include in the Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a8 equals 5 patients in Sample Calculation.

c. If Most Recent Tobacco Status is Tobacco Free equals No, proceed to next numerator Most Recent Tobacco Status is Not Tobacco Free.

16. Check Tobacco Status is Not Tobacco Free:

   a. If Tobacco Status is Not Tobacco Free equals yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c6 equals 2 patients in the Sample Calculation.

   c. If Tobacco Status is Not Tobacco Free equals No, proceed to Data Completeness Not Met.

17. Check Data Completeness Not Met:

   a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation. Letter e6 equals minus 1 patient in the Sample Calculation.

18. Start Numerator Component 3:

19. Check Patient is Currently on Daily Aspirin or Other Antiplatelet:

   a. If Patient is Currently on Daily Aspirin or Other Antiplatelet equals Yes, include in the Data Completeness Met and Performance Met.

   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a9 equals 4 patients in the Sample Calculation.

   c. If Patient is Currently on Daily Aspirin or Other Antiplatelet equals No, proceed to check Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet.

20. Check Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet:

   a. If Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet equals Yes, include in Data Completeness and Performance Met.

   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a10 equals 2 patients in the Sample Calculation.

   c. If Documentation of Medical Reason(s) for Not on a Daily Aspirin or Other Antiplatelet equals No, proceed to check Patient is Not on a Daily Aspirin or Other Antiplatelet.

21. Check Patient is Not on a Daily Aspirin or Other Antiplatelet:

   a. If Patient is Not on a Daily Aspirin or Other Antiplatelet equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c7 equals 1 patient in the Sample Calculation.

    c. If Patient is Not on a Daily Aspirin or Other Antiplatelet equals No, include in Data Completeness Not Met.

22. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation. Letter e7 equals minus 1 patient in the Sample Calculation.

23. Start Numerator Component 4:

24. Check Patient is Currently on a Statin Therapy:

    a. If Patient is Currently on a Statin Therapy equals Yes, include in Data Completeness and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a11 equals 5 patients in the Sample Calculation.

    c. If Patient is Currently on a Statin Therapy equals No, proceed to Check Documentation of Medical Reason(s) for Not on a Statin.

25. Check Documentation of Medical Reason(s) for Not on a Statin:

    a. If Documentation of Medical Reason(s) for Not on a Statin equals Yes, include in Data Completeness and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a12 equals 1 patient in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not on a Statin equals No, proceed to Patient is Not on a Statin Therapy.

26. Check Patient is Not on a Statin Therapy:

    a. If Patient is Not on a Statin Therapy equal Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c8 equals 1 patient in the Sample Calculation

    c. If Patient is not on a Statin Therapy equal No, include in Data Completeness Not Met.

27. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 1 patient has been subtracted from the data completeness numerator in the sample calculation. Letter e8 equals minus 1 patient in the Sample Calculation.

SAMPLE CALCULATION: Overall Data Completeness and Performance Rate

Data Completeness=

Pt 1 (a^6,a^7,a^8,a^{10}) + Pt 2 (a^6,a^7,c^7,c^8) + Pt 3 (a^6,a^7,a^8,a^{10}) + Pt 4 (a^6,a^7,e^7,a^{10}) + Pt 5 (b^2,a^7,a^8,a^{10}) + Pt 6 (c^5,c^6, a^8,a^{10}) + Pt 7 (c^5,c^6,c^7,c^8) + Pt 8 (e^5,e^6,e^7,e^8)

Eligible Population / Denominator $(d^2=8$ patients)

= 7 patients **= 87.5%**
= 8 patients

Performance Rate=

$\dfrac{\text{Performance Met (a=3 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patients)}}$ = $\dfrac{\text{3 patients}}{\text{6 patients}}$ = **50%**