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January 28, 2013

George Isham, MD and Elizabeth McGlynn, PhD  
Co-Chairs  
Measure Applications Partnership  
c/o National Quality Forum  
1030 15<sup>th</sup> Street NW, Suite 800  
Washington, DC 20005

Re: Measure Applications Partnership Pre-Rulemaking Report: Public Comment Draft

Dear Drs. Isham and McGlynn:

The American Medical Association (AMA) is pleased to have the opportunity to comment on the draft Measure Applications Partnership (MAP) pre-rulemaking report. We commend the MAP staff and its workgroups for their comprehensive review of the Department of Health and Human Services (HHS) proposed quality measures. This is a huge endeavor under a very short timeline, and it was achieved due to the very talented and dedicated individuals involved in the MAP.

The AMA has long been and continues to be committed to the development of quality improvement initiatives that enhance the quality of care provided to patients. We, therefore, offer the following comments concerning the MAP's pre-rulemaking report.

#### Balancing Physician Quality Reporting System (PQRS) Program Objectives

Beginning in 2015, the law requires that physicians who do not successfully participate in the PQRS will be penalized. In implementing this provision, CMS has established 2013 as the performance year on which 2015 penalties will be based. As a result, PQRS participation will exponentially increase and the program will experience an influx of hundreds of thousands of physicians and other eligible professionals. The need to quickly engage eligible professionals in the PQRS in 2013 to avoid a penalty could be at odds with the goal of quality measurement and improvement activities that foster standardization and better outcomes. **The AMA urges the MAP to balance these goals of helping physicians and other health care professionals successfully engage in the PQRS, while also helping the program and its participants achieve quality improvement that results in better outcomes. In this light, we urge that the MAP ensure the PQRS contains measures that**

**allow a good entry point to the program for physicians and other eligible professionals who have not previously participated in the program. Specifically, it would be wise to make more use of the “phased removal” category, and maintain those measures in the PQRS for another two or three years, while other more outcome-focused measures are developed. Further, the MAP should recommend inclusion of certain measures (as indicated in the attachment), even if they are not yet National Quality Forum (NQF) endorsed, to maximize the number of physicians who are able to participate in the PQRS.** For example, the MAP recommendation to not support a number of bariatric measures was based on the rationale that bariatric surgery “is of low importance for this program.” Yet, this may leave physicians who primarily provide bariatric surgery without an opportunity to participate in the PQRS. A flexible approach is critical to ensuring that relevant measures are available to as many physicians as possible as many new physicians begin participating in the PQRS.

#### Overall Categorization of Measures

During the 2012 MAP pre-rulemaking process, the AMA and other stakeholders advocated for additional, more specific categories to capture and communicate the issues raised upon review of quality measures for use in government programs. We are thankful that the MAP responded to these concerns by adding the categories of “insufficient information” and “phased removal.” The MAP pre-rulemaking report, however, primarily uses the “support” or “do not support” categories when reviewing and making recommendations regarding measures. Further, some measures assigned to the “do not support” category are placed there without an explanation for not supporting the measure, while other measures categorized as “do not support” have a specific explanation concerning why the measure should not be supported or the measure is categorized as “insufficient information” with an explanation of what additional information is needed to move forward with the measure. In some cases, the MAP recommends “do not support” for measures because “NQF endorsement [has been] removed.” Yet, the measure (for example, 1030 and 1031) has never been reviewed by the NQF. Inconsistent use of these categories creates unnecessary confusion and can be misleading.

**To clear up this confusion and provide more accurate information, the AMA urges the MAP to make greater use of the “insufficient information” and “phased removal” categories. Also, the AMA recommends that the MAP take steps to ensure a more consistent and standardized approach in categorizing measures and describing why a measure is categorized in a certain manner. For example, the MAP Workgroup Chairs could meet prior to making recommendations to the MAP to develop a strategy for increased use and greater standardization of these categories.**

### Categorization of Specific Measures

The MAP pre-rulemaking report categorizes specific measures and provides the MAP's conclusions and rationale for how each measure should or should not be used in a federal program. The AMA applauds the MAP for revising many measure titles to accurately reflect the measure's purpose. With regard to specific measures, the AMA has the following comments:

- The MAP should not assume that measures designed and validated for use in a certain health care setting (such as at the health plan level) are appropriate for use in other settings (such as at the individual physician or small group level). For example, the AMA-convened Physician Consortium for Performance Improvement (PCPI) Care Transitions Measures (NQF IDs: 0646, 0647, 0648 and 0649) have been reviewed by the MAP for consideration in a physician level program (PQRS) and a facility level program, the Long Term Care Hospital Quality Reporting Program. **These measures are intended to be implemented at the facility level only. They are not appropriate for individual physician level measurement. Therefore, the AMA does not support these measures being considered for inclusion in the PQRS. The AMA does, however, support the inclusion of measures 0646, 0647, and 0648 in the Long Term Care Hospital Quality Reporting Program.**

There are numerous reasons why measurement varies across health care settings. These include, but are not limited to: methodological problems with attribution and/or risk adjustment at various levels of attribution; measures have not completed testing and therefore have not been eligible to receive full NQF endorsement; funding is not available to help evolve a measure concept by adding specifications; or there is no solid evidence base available that justifies the development and use of a measure within a particular health care setting. **To better explore measure application across settings, the AMA recommends that the MAP consult with measure developers for the particular measures the MAP is considering for use in alternative settings or levels of evaluation.**

- The AMA urges the MAP workgroups to exercise flexibility in their deliberations and recommendations concerning the use of measures in government programs. This is especially needed given that measure review and endorsement can take several or more years. In the meantime, as this review and endorsement process is occurring, the PQRS

could prove to be a training ground for measures until a final decision is made concerning endorsement. This will also allow broader participation in the PQRS, especially for subspecialty physicians for whom relevant measures are not currently available in the PQRS. For example, the MAP did not recommend three new measures for inclusion in the 2014 PQRS, as developed and submitted by the College of American Pathologists (CAP). These include measures M2899, M2900, and M2905. CAP developed the two lung cancer measures (M2899, M2900) directly in response to a request from the National Quality Forum (NQF) Cancer Care Committee in March 2012 that CAP develop these measures. In addition, CAP developed the melanoma measure (M2905) for use by dermato-pathologists who currently have no applicable measures in the PQRS and thus have no way to participate in the program. Because of the multiple year NQF measure review cycle, these measures have not yet had a chance to undergo NQF review and endorsement. The earliest opportunity for review of these new measures will be 2015. In the meantime, these measures could be used in the PQRS and other federal programs. **Although the MAP did not offer an explanation for its decision to not support these three measures, the AMA urges the MAP to reconsider and support these measures, as this would provide needed flexibility and allow for broader participation in the PQRS.**

**The AMA also urges the MAP to reconsider its recommendations concerning other measures in the MAP report. We have attached a chart with our specific comments highlighting the need for reconsideration of various measures in the MAP report.**

#### Need for Appropriate Experts in Workgroup Discussions

The MAP workgroup discussions benefit from the input of key experts and stakeholders familiar with the quality measures being discussed by that workgroup. **While the AMA is not advocating that the MAP duplicate the NQF endorsement processes, we believe the MAP would benefit greatly with increased participation of qualified experts and stakeholders during the discussions of particular quality measures. Specifically, the AMA urges the MAP to develop a more detailed discussion guide that easily identifies the specific measures that will be discussed and the time of day that discussion will occur. This will allow qualified experts to know in advance when to expect that a measure will be discussed, and help ensure their availability for the discussion.** Having measure developers and/or other clinical experts in the room at the appropriate times will help foster a more accurate and focused discussion of the specific measures under consideration. **Further, if the MAP knows that more information will be needed for**

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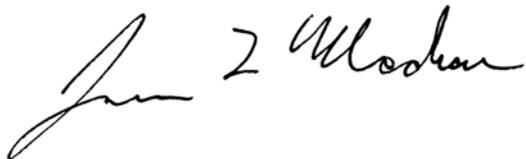
**discussion about a particular measure, or that the discussion is going to be particularly complicated, the AMA urges the MAP to clearly indicate this in the discussion guide.**

Recommendation for Streamlining Adoption of Measures into Federal Programs

The AMA understands it is not realistic to expect that CMS can add all of the measures to its programs. This is due to limited resources, as well as the various stages of the proposed measures, *e.g.*, specification, testing, and endorsement. In this light, it may be more practical for CMS to provide the MAP with a three- or five-year measurement plan for all of its programs, and share certain measures with the MAP in accordance with the plan. This would allow the MAP to better focus its efforts on measures that have a more realistic chance of being adopted in one to two years, while signaling to measure developers what they should prioritize with regard to measure specifications, testing, or eMeasure development. This will help streamline how CMS shares measures with the MAP, which will in turn help streamline and make more efficient the MAP pre-rulemaking process.

We appreciate the opportunity to provide our comments, and look forward to continuing our work with the MAP to ensure adoption of quality measures in the PQRS and other federal programs that result in effective and broad participation in these programs.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD

AMA  
Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
0564	3003	Complications within 30 Days following Cataract Surgery Requiring Additional Surgical Procedures	Supported; addresses a high impact condition not adequately addressed in the program measure set	
0658	2782	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients.	Supported but not ready for implementation; concerns regarding feasibility of data collection	This measure is currently being implemented in PQRS for claims and registry reporting options. Additional specifications will be required for implementation in facility level programs.
0659	2783	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use.	Supported but not ready for implementation; concerns regarding feasibility of data collection	This measure is currently being implemented in PQRS for claims and registry reporting options. Additional specifications will be required for implementation in facility level programs.
0646	2713	Reconciled Medication List Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	Supported	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
0647	2708	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Supported	
0648	2715	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Supported	PCPI does not recommend for inclusion in PQRS (should be used in facility-based reporting program).
0381	2445	American Society for Therapeutic Radiology and Oncology/American Society of Clinical Oncology/Physician Consortium for Performance Improvement: Oncology: Treatment Summary Communication – Radiation Oncology	Supported	
0646	2964	Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Supported	PCPI does not recommend for inclusion in PQRS (should be used in facility-based reporting program).

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
0647	2962	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Supported	PCPI does not recommend for inclusion in PQRS (should be used in facility-based reporting program).
0648	2961	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Supported	Please correct title (as listed on the left); PCPI does not recommend for inclusion in PQRS (should be used in facility-based reporting program).
0649	2963	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care)	Supported	PCPI does not recommend for inclusion in PQRS (should be used in facility-based reporting program).
0655	1017	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement: Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	Supported	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
0656	1019	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement: Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	Supported	
1365	2267	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Supported	
1524	1035	ACC/AHA/AMA-PCPI: Atrial Fibrillation and Atrial Flutter: Assessment of Thromboembolic Risk Factors (CHADS2)	Supported	
n/a	2510	Physician Consortium for Performance Improvement: [DRAFT]: Preventive Care and Screening: Lipid Screening	Not supported; A finalized measure addresses a similar topic and better addresses the needs of the program	PCPI requests that this measure be reconsidered. We have reviewed measures included in this report and have not identified a measure that addresses this need.

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2152	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t PA) Considered (Paired Measure)	Do not support because NQF endorsement removed	
n/a	2431	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Imaging for Transient Ischemic Attack or Ischemic Stroke	Supported but not ready for implementation, should be submitted for and receive NQF endorsement (this is counter to PCPI recommendation)	PCPI has retired this measure and requests that it not be included in the final report.
n/a	2432	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Lipid Management	Not supported because measure does not adequately address any current needs of the program	
n/a	2433	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Administered Initiated (Paired Measure)	Not supported because measure previously submitted for endorsement and was not endorsed	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2283	ASPS/AMA- PCPI/NCQA: Chronic Wound Care: Patient education regarding long term compression therapy	Not supported because measure does not adequately address any current needs of the program	
n/a	2285	ASPS/AMA- PCPI/NCQA: Chronic Wound Care: Patient Education regarding diabetic foot care	Not supported because measure does not adequately address any current needs of the program	
n/a	2437	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Reevaluation of Treatment	Not supported	PCPI requests that this measure be reconsidered. We believe it is important to provide relevant measures to Dermatology and Allergy & Immunology, which have a limited number of PQRS measures.
n/a	2438	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Topical Steroid Preparations	Not supported	PCPI requests that this measure be reconsidered. We believe it is important to provide relevant measures to Dermatology and Allergy & Immunology, which have a limited number of PQRS measures.

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2439	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Disease Assessment	Not supported	PCPI requests that this measure be reconsidered. We believe it is important to provide relevant measures to Dermatology and Allergy & Immunology, which have a limited number of PQRS measures.
n/a	2440	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Moisture Care	Not supported	PCPI requests that this measure be reconsidered. We believe it is important to provide relevant measures to Dermatology and Allergy & Immunology, which have a limited number of PQRS measures.
n/a	1886	Equipment Evaluation for Pediatric CT Imaging Protocols	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	1887	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Utilization of Pediatric CT Imaging Protocols		This PCPI measure was not in the report but was on the list to be reviewed by MAP.

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2417	AAO- HNS/AMA- PCPI:Adult Sinusitis: Appropriate Diagnostic Testing for Chronic Sinusitis (underuse)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2418	AAO- HNS/AMA- PCPI:Adult Sinusitis: Computerized Tomography for Acute Sinusitis (overuse)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2419	AAO- HNS/AMA- PCPI:Adult Sinusitis: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2421	AAO- HNS/AMA- PCPI:Adult Sinusitis: Plain Film Radiography for Acute Sinusitis (overuse)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2444	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidental Pulmonary Nodules According to Recommended Guidelines	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	Please correct title (as listed on the left).
0657	1018	Otitis Media with Effusion (OME): Systemic Antimicrobials – Avoidance of Inappropriate Use	Supported	
n/a	2414	AAO- HNS/AMA- PCPI: Adult Sinusitis: Accurate Diagnosis: Distinguishing Viral Vs. Bacterial Sinusitis at Initial Visit	Does not support, measure does not adequately address any current needs of the program	PCPI requests that this measure be reconsidered. We believe this measure supports effective prevention and treatment and emphasizes appropriate use of antibiotics. It is part of a family of measures that as a whole we would like supported.
n/a	2793	AAO- HNS/AMA- PCPI: Adult Sinusitis: Premature Changing of Initial Antibiotic for Acute Bacterial Sinusitis (Overuse)	Not supported	PCPI requests that this measure be reconsidered. We believe this measure supports effective prevention and treatment and emphasizes appropriate use of antibiotics. It is part of a family of measures that as a whole we would like supported.

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2512	Physician Consortium for Performance Improvement: Preventive Care and Screening: Obesity Screening	Not supported, a finalized measure addresses a similar topic and better addresses the needs of the program	
n/a	2452	Biopsy for Barrett's esophagus (PCPI and NCQA measure to be updated by AGA)	Not supported	
n/a	2461	Chronic Medication Therapy - Assessment of GERD Symptoms (PCPI measure to be updated by AGA)	Not supported	
n/a	2477	GERD: Assessment for Alarm Symptoms (PCPINCQA measure to be updated by AGA)	Not supported	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2478	GERD: Barium swallow – inappropriate use (PCPI measure to be updated by AGA)	Not supported	
n/a	2479	GERD: Upper endoscopy for patients with alarm symptoms (PCPINCQA measure to be updated by AGA)	Not supported	
n/a	2448	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Supported	
n/a	1384	Querying and Counseling about Anti-Epileptic Drug (AED) Side-Effects	Do not support because NQF endorsement removed	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	1386	Counseling about Epilepsy Specific Safety Issues	Supported	
n/a	1812	Parkinson's Disease Related Safety Issues Counseling		This PCPI measure was not in the report but was on the list to be reviewed by MAP.
n/a	2504	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Follow Up Assessment of Depression Care	Not supported	
n/a	2505	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Continuation of Antidepressant Medications	Not supported	This measure was never finalized and PCPI withdrew support.

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NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2506	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Patient Education	Not supported	
n/a	2507	Adult Major Depressive Disorder: Screening for Depression	Not supported	This measure was never finalized and PCPI withdrew support.
n/a	2508	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Treatment for Depression	Not supported	PCPI requests that this measure be reconsidered. We believe this measure addresses appropriate and effective treatment for a priority condition.
n/a	2511	Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions-Timely Follow Up	Supported but not ready for implementation, measure concept is promising but requires further development or modifications	This measure is currently being implemented in PQRS as a registry reporting option.

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2415	AAO- HNS/AMA- PCPI:Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2416	AAO- HNS/AMA- PCPI:Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis (Appropriate Use)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2420	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement: Premature Changing of Initial Antibiotic for Acute Bacterial Sinusitis	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2422	AAO- HNS/AMA- PCPI:Adult Sinusitis: Watchful Waiting for Acute Bacterial Sinusitis: Initial Observation Without Antibiotics for Patients With Mild Illness (Appropriate Use)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	

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NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2441	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Overuse: Role of Antihistamine	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2485	Medication Management for People With Asthma	Supported	
n/a	2538	The Endocrine Society DRAFT Baseline Gonadotropin (LH or FSH) Measurement	Not supported; measure does not adequately address any current needs of the program	
n/a	2539	The Endocrine Society DRAFT Follow-up Hematocrit or Hemoglobin Test	Not supported; measure does not adequately address any current needs of the program	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2540	The Endocrine Society DRAFT Follow-up Testosterone Measurement	Not supported; measure does not adequately address any current needs of the program	
n/a	2541	The Endocrine Society DRAFT Testosterone Measurement	Not supported; measure does not adequately address any current needs of the program	
n/a	2794	ACOG/NCQA/ AMA-PCPI: Maternity Care: Behavioral Health Risk Assessment	Not supported	PCPI requests reconsideration of these measures because they address important components of maternity care.
n/a	2795	ACOG/NCQA/ AMA-PCPI: Maternity Care: BMI Assessment and Recommended Weight Gain	Not supported	PCPI requests reconsideration of these measures because they address important components of maternity care.

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NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2796	ACOG/NCQA/ AMA-PCPI: Maternity Care: Care Coordination: Prenatal Record Present at Time of Delivery	Not supported	PCPI requests reconsideration of these measures because they address important components of maternity care.
n/a	2798	ACOG/NCQA/ AMA-PCPI: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at $\geq 37$ and $< 39$ weeks (overuse)	Supported but not ready for implementation, should be submitted and receive NQF endorsement	
n/a	2799	ACOG/NCQA/ AMA-PCPI: Maternity Care: Episiotomy (overuse)	Supported but not ready for implementation, should be submitted and receive NQF endorsement	
n/a	2800	ACOG/NCQA/ AMA-PCPI: Maternity Care: Establishment of Gestational Age	Not supported; measure does not adequately address any current needs of the program	PCPI requests reconsideration of this measure. It includes a critical data element required for all other measures related to maternity care.

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NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2801	ACOG/NCQA/ AMA-PCPI: Maternity Care: Post-Partum Follow-Up and Care Coordination	Not supported	PCPI requests reconsideration of these measures because they address important components of maternity care.
n/a	2802	ACOG/NCQA/ AMA-PCPI: Maternity Care: Prenatal Care Screening	Not supported	PCPI requests reconsideration of these measures because they address important components of maternity care.
n/a	2803	ACOG/NCQA/ AMA-PCPI: Maternity Care: Spontaneous Labor and Birth	Not supported	PCPI requests reconsideration of these measures because they address important components of maternity care.
n/a	2523	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	Not supported; measure previously submitted for endorsement and was not endorsed	

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NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2525	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis access is a catheter at the time maintenance hemodialysis is initiated	Not supported	
n/a	2527	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Referral to Nephrologist	Not supported; measure does not adequately address any current needs of the program	
n/a	2522	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement : Adult Kidney Disease: Catheter Use for greater than or equal to 90 Days	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
n/a	2524	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Arteriovenous Fistula Rate	Not supported	

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2526	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL	Not supported	
n/a	2528	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Transplant Referral	Not supported; measure does not adequately address any current needs of the program	
n/a	2530	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Adequacy of Volume Management	Not supported	
n/a	1030	Assessment of Asthma Risk - Emergency Department Inpatient Setting	Do not support because NQF endorsement removed	This measure has not been reviewed by NQF.

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	1031	Asthma Discharge Plan – Emergency Department Inpatient Setting	Do not support because NQF endorsement removed	This measure has not been reviewed by NQF.
n/a	2484	Management of Asthma Controller and Reliever Medications —Ambulatory Care Setting	Do not support; A supported measure under consideration addresses a similar topic and better meets the needs of the program	
n/a	2486	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Assessment of Asthma Risk - Emergency Department Inpatient Setting	Not supported	Duplicate measure - please remove from list.
n/a	2487	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Asthma Discharge Plan – Emergency Department Inpatient Setting	Not supported	Duplicate measure - please remove from list.

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
n/a	2503	Pharmacologic Therapy for Persistent Asthma —Ambulatory Care Setting	Does not support because measure does not adequately address any current needs of the program	NQF # is 0047; This measures has been NQF endorsed and is in PQRS and stage 1 of HHS EHR Incentive Program.
n/a	2797	ACOG/NCQA/ AMA-PCPI: Maternity Care: Cesarean Delivery for Nulliparous (NTSV) Women (appropriate use)	Supported but not ready for implementation, should be submitted for and receive NQF endorsement	
0097	132	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	Supported but not ready for implementation; concept is promising but requires modification or further development (p 136)	Please correct title (as listed on left); This measure was proposed for value-based modifier program.
0380	2745	Multiple Myeloma – Treatment with Bisphosphonates	Supported; Addresses a high volume diagnosis or procedure; measure addresses a high volume cancer diagnosis	

AMA  
Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
0382	2746	Oncology: Radiation Dose Limits to Normal Tissues	Supported; Addresses a NQS priority not adequately addressed in the program measure set	
0383	1626	Oncology: Plan of care for pain-medical oncology and radiation oncology **listed as HHS steward	Supported; Addresses a NQS priority not adequately addressed in the program measure set;	
0384	2747	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology	Supported; Addresses a NQS priority not adequately represented in the program measure set	
0389	2748	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Title Incorrect, does not include the word "isotope"; Supported; addresses a high impact condition not adequately addressed in the program measure set	Please correct title (as listed on the left).

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Measure-Specific Comments

NQF #	CMS Measure ID	Measure Title	MAP Recommendations	PCPI Response to MAP Recommendations
0390	2749	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients	Supported; addresses a high impact condition not adequately addressed in the program measure set	
	1883	Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for CT Imaging Description	Not supported; does not adequately address any current needs of the program	Please correct title (as listed on the left).
	M2531	Preventive Care and Screening: Unhealthy Alcohol Use Screening	Not supported; Finalized measure addresses a similar topic and better addresses the needs of the program	Please correct title (as listed on the left); PCPI is not aware of any finalized measures focusing on alcohol screening. Brief alcohol misuse screening and counseling intervention has been identified as the third highest prevention priority for U.S. adults. We request reconsideration of this measure and possibly even a broader PCPI measure focusing on screening AND brief counseling for unhealthy alcohol use which was recently submitted to NQF for consideration for endorsement.