eCQM Title	Diabetes: Eye Exam			
eCQM Identifier (Measure Authoring Tool)	131	eCQM Version Number	13.0.000	
CBE Number	Not Applicable	GUID	d90bdab4-b9d2-4329-9993- 5c34e2c0dc66	
Measurement Period	January 1, 20XX through December 31, 20X	x		
Measure Steward	National Committee for Quality Assurance			
Measure Developer	National Committee for Quality Assurance			
Endorsed By	None			
Description	Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period			
Copyright	This Physician Performance Measure (Measur National Committee for Quality Assurance (No representations, warranties, or endorsem performance measures and NCQA has no lial holds a copyright in the Measure. The Measur oncommercial purposes (e.g., use by health approval from NCQA. Commercial use is defigain, or incorporation of the Measure into a part All commercial uses or requests for modificate discretion of NCQA. (C) 2012-2024 National Limited proprietary coding is contained in the sets should obtain all necessary licenses from accuracy of any third-party codes contained CPT(R) codes, descriptions and other data are is a trademark of the American Medical Assorelated components are not assigned by the The AMA does not directly or indirectly pract for data contained or not contained herein. A Some measure specifications contain coding panels and form file, LOINC linguistic variant Code Mapping Table are copyright 2004-202 and Codes (LOINC) Committee, and are avaid This material contains SNOMED Clinical Term Terminology Standards Development Organiz Some measures use RxNorm, a standardized which is made publicly available courtesy of Department of Health and Human Services. recommend this or any other product. "HL7" is the registered trademark of Health in the surface of the s	ICQA). NCQA is not responsible ent about the quality of any or obility to anyone who relies on some can be reproduced and distinct providers in connection or need as the sale, licensing, or deproduct or service that is sold, tion must be approved by NCQ Committee for Quality Assurance Measure specifications for usin the owners of the code sets. in the specifications. The copyright 2024. American Michael Committee or dispense medication. Fee schedules, relative AMA, are not part of CPT, and ice medicine or dispense medicapplicable FARS/DFARS restrict from LOINC(R) (http://loinc.ors.file, LOINC/RSNA Radiology 4 Regenstrief Institute, Inc. and ilable at no cost under the licerost (SNOMED CT[R]) copyrigation. The committee of the code sets.	e for any use of the Measure. NCQA makes reganization or physician that uses or reports such measures or specifications. NCQA ributed, without modification, for with their practices) without obtaining listribution of the Measure for commercial licensed or distributed for commercial gain. A and are subject to a license at the nce. All Rights Reserved. Ber convenience. Users of proprietary code NCQA disclaims all liability for use or ledical Association. All rights reserved. CPT evalue units, conversion factors and/or the AMA is not recommending their use. Cal services. The AMA assumes no liability irons apply to government use. Brights Reserved. CPT evalue units, conversion factors and/or the LOINC table, LOINC codes, LOINC Playbook, and LOINC/IEEE Medical Device and the Logical Observation Identifiers Names has at http://loinc.org/terms-of-use. Brights Reserved. CPT evalue units, conversion Identifiers Names has at http://loinc.org/terms-of-use.	

Disclaimer	The performance Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications. THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM]		
Manager Capping	indicated by (TM) or [TM].		
Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	Diabetes is the seventh leading cause of death in the United States (Centers for Disease Control and Prevention [CDC], 2022a). In 2019, diabetes affected more than 37 million Americans (11.3 percent of the U.S. population) and killed more than 87,000 people (American Diabetes Association [ADA], 2022a). Diabetes is a long-lasting disease marked by high blood glucose levels, resulting from the body's inability to produce or use insulin properly (CDC, 2022a). People with diabetes are at increased risk of serious health complications including vision loss, heart disease, stroke, kidney damage, amputation of feet or legs, and premature death (CDC, 2022b). In 2017, diabetes cost the U.S. an estimated \$327 billion: \$237 billion in direct medical costs and \$90 billion in reduced productivity. This is a 34 percent increase from the estimated \$245 billion spent on diabetes in 2012 (ADA, 2018). Diabetic retinopathy is progressive damage to the small blood vessels in the retina that may result in loss of vision. It is the leading cause of blindness in adults between 20-74 years of age. Approximately 4.1 million adults are affected		
Clinical Recommendation Statement	by diabetic retinopathy (CDC, 2020). American Diabetes Association (2023): - Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes. (Level of evidence: B) - Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist at the time of the diabetes diagnosis. (Level of evidence: B) - If there is no evidence of retinopathy for one or more annual eye exams and glycemia is well controlled, then screening every 1–2 years may be considered. If any level of diabetic retinopathy is present, subsequent dilated retinal examinations should be repeated at least annually by an ophthalmologist or optometrist. If retinopathy is progressing or sight threatening, then examinations will be required more frequently. (Level of evidence: B)		
Improvement Notation	Higher score indicates better quality		
Reference	Reference Type: CITATION Reference Text: 'American Diabetes Association. (2018). Economic Costs of Diabetes in the U.S. in 2017. Diabetes Care, 41, 917-928. Retrieved from http://care.diabetesjournals.org/content/early/2018/03/20/dci18-0007'		
Reference	Reference Type: CITATION Reference Text: 'American Diabetes Association. (2022a). Statistics About Diabetes. Retrieved from https://diabetes.org/about-us/statistics/about-diabetes'		
Reference	Reference Type: CITATION Reference Text: 'Centers for Disease Control and Prevention. (2020). Common Eye Disorders and Diseases. Retrieved from https://www.cdc.gov/visionhealth/basics/ced/index.html'		
Reference	Reference Type: CITATION		

	·		
	Reference Text: 'Centers for Disease Control and Prevention. (2022a). What is Diabetes? Retrieved from https://www.cdc.gov/diabetes/basics/diabetes.html'		
	Reference Type: CITATION		
Reference	Reference Text: 'Centers for Disease Control and Prevention. (2022b). National Diabetes Statistics Report, 2021. US Dept of Health and Human Services. Retrieved from https://www.cdc.gov/diabetes/library/reports/reportcard.html'		
	Reference Type: CITATION		
Reference	Reference Text: 'ElSayed, N.A., Aleppo, G., Ardoda, V.R., Bannuru, R.B., Brown, F.M., Bruemmer, D.,Staton, R.C., American Diabetes Association (ADA). (2022). Retinopathy, Neuropathy, and Foot Care: Standards of Care in Diabetes —2023. Diabetes Care 2023,46(Supplement_1):S203-S215. https://doi.org/10.2337/dc23-S012'		
Definition	None		
Guidance	The eye exam must be performed by an ophthalmologist or optometrist, or there must be evidence that fundus photography results were read by a system that provides an artificial intelligence (AI) interpretation.		
	This eCQM is a patient-based measure.		
	This version of the eCQM uses QDM version 5.6. Please refer to the eCQI resource center (https://ecqi.healthit.gov/qdm) for more information on the QDM.		
Transmission Format	TBD		
Initial Population	Patients 18-75 years of age by the end of the measurement period, with diabetes with a visit during the measurement period		
Denominator	Equals Initial Population		
Denominator Exclusions	Exclude patients who are in hospice care for any part of the measurement period.		
	Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness diagnosis during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior		
	Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.		
	Exclude patients receiving palliative care for any part of the measurement period.		
Numerator	Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: - Diabetic with a diagnosis of retinopathy in any part of the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period - Diabetic with no diagnosis of retinopathy in any part of the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period or the year prior to the measurement period		
Numerator Exclusions	Not Applicable		
Denominator Exceptions	None		
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex		

Table of Contents

- Population Criteria
 Definitions
- Functions
- Terminology,
 Data Criteria (QDM Data Elements)
 Supplemental Data Elements

Risk Adjustment Variables

Population Criteria

▲ Initial Population

```
AgeInYearsAt(date from end of "Measurement Period" ) in Interval[18, 75] and exists ( "Qualifying Encounters" ) and exists ( "Diagnosis": "Diabetes"] Diabetes where Diabetes.prevalencePeriod overlaps day of "Measurement Period" )
```

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

```
Hospice."Has Hospice Services" or AIFrailLTCF."Is Age 66 or Older with Advanced Illness and Frailty" or AIFrailLTCF."Is Age 66 or Older Living Long Term in a Nursing Home" or PalliativeCare."Has Palliative Care in the Measurement Period"
```

▲ Numerator

```
( "Diabetic Retinopathy Overlapping Measurement Period"
  and exists ( "Retinal Exam in Measurement Period" )
)
or ( not ( "Diabetic Retinopathy Overlapping Measurement Period" )
  and exists ( "Retinal Exam in Measurement Period or Year Prior" )
)
```

▲ Numerator Exclusions

None

▲ Denominator Exceptions

None

▲ Stratification

None

Definitions

▲ AIFrailLTCF.Has Advanced Illness in Year Before or During Measurement Period

```
exists ( ["Diagnosis": "Advanced Illness"] AdvancedIllnessDiagnosis
where AdvancedIllnessDiagnosis.prevalencePeriod starts during day of Interval[start of "Measurement Period" - 1 year, end of "Measurement Period"]
)
```

▲ AIFrailLTCF.Has Criteria Indicating Frailty

```
exists ( ["Device, Order": "Frailty Device"] FrailtyDeviceOrder
where FrailtyDeviceOrder.authorDatetime during day of "Measurement Period"
)
or exists ( ["Assessment, Performed": "Medical equipment used"] EquipmentUsed
where EquipmentUsed.result in "Frailty Device"
and Global."NormalizeInterval" ( EquipmentUsed.relevantDatetime, EquipmentUsed.relevantPeriod ) ends during day of "Measurement Period"
)
or exists ( ["Diagnosis": "Frailty Diagnosis"] FrailtyDiagnosis
where FrailtyDiagnosis.prevalencePeriod overlaps day of "Measurement Period"
)
or exists ( ["Encounter, Performed": "Frailty Encounter"] FrailtyEncounter
where FrailtyEncounter.relevantPeriod overlaps day of "Measurement Period"
)
or exists ( ["Symptom": "Frailty Symptom"] FrailtySymptom
where FrailtySymptom.prevalencePeriod overlaps day of "Measurement Period"
)
```

▲ AIFrailLTCF.Has Dementia Medications in Year Before or During Measurement Period

```
exists (["Medication, Active": "Dementia Medications"] DementiaMedication where Global."NormalizeInterval" ( DementiaMedication.relevantDatetime, DementiaMedication.relevantPeriod ) overlaps day of Interval[start of "Measurement Period" - 1 year, end of "Measurement Period"])
```

▲ AIFrailLTCF.Is Age 66 or Older Living Long Term in a Nursing Home

```
( AgeInYearsAt(date from
  end of "Measurement Period"
)>= 66
)
and ( ( Last(["Assessment, Performed": "Housing status"] HousingStatus
  where Global."NormalizeInterval"(HousingStatus.relevantDatetime, HousingStatus.relevantPeriod) ends on or before day of
  end of "Measurement Period"
  sort by
  end of Global."NormalizeInterval"(relevantDatetime, relevantPeriod)asc
)) LastHousingStatus
  where LastHousingStatus.result ~ "Lives in nursing home (finding)"
) is not null
```

▲ AIFrailLTCF.Is Age 66 or Older with Advanced Illness and Frailty

Denominator

"Initial Population"

▲ Denominator Exclusions

```
Hospice."Has Hospice Services" or AIFrailLTCF."Is Age 66 or Older with Advanced Illness and Frailty" or AIFrailLTCF."Is Age 66 or Older Living Long Term in a Nursing Home" or PalliativeCare."Has Palliative Care in the Measurement Period"
```

▲ Diabetic Retinopathy Overlapping Measurement Period

```
exists ( ["Diagnosis": "Diabetic Retinopathy"] Retinopathy where Retinopathy.prevalencePeriod overlaps day of "Measurement Period" )
```

▲ Hospice.Has Hospice Services

```
exists ( ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
  where (InpatientEncounter.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
     or InpatientEncounter.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)"
  )
   and InpatientEncounter.relevantPeriod ends during day of "Measurement Period"
 or exists ( ["Encounter, Performed": "Hospice Encounter"] HospiceEncounter
    where HospiceEncounter.relevantPeriod overlaps day of "Measurement Period"
 or exists (["Assessment, Performed": "Hospice care [Minimum Data Set]"] HospiceAssessment
    where HospiceAssessment.result ~ "Yes (qualifier value)"
     and Global."NormalizeInterval" ( HospiceAssessment.relevantDatetime, HospiceAssessment.relevantPeriod ) overlaps day of "Measurement Period"
 or exists ( ["Intervention, Order": "Hospice Care Ambulatory"] HospiceOrder
    where HospiceOrder.authorDatetime during day of "Measurement Period"
 or exists (["Intervention, Performed": "Hospice Care Ambulatory"] HospicePerformed
    where Global. "NormalizeInterval" (HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod) overlaps day of "Measurement Period"
or exists (["Diagnosis": "Hospice Diagnosis"] HospiceCareDiagnosis
   where HospiceCareDiagnosis.prevalencePeriod overlaps day of "Measurement Period"
 )
```

▲ Initial Population

```
AgeInYearsAt(date from end of "Measurement Period" ) in Interval[18, 75] and exists ( "Qualifying Encounters" ) and exists ( "Diagnosis": "Diabetes"] Diabetes where Diabetes.prevalencePeriod overlaps day of "Measurement Period" )
```

▲ Numerator

```
( "Diabetic Retinopathy Overlapping Measurement Period" and exists ( "Retinal Exam in Measurement Period" )
)
or ( not ( "Diabetic Retinopathy Overlapping Measurement Period" )
and exists ( "Retinal Exam in Measurement Period or Year Prior" )
```

▲ PalliativeCare. Has Palliative Care in the Measurement Period

```
exists ( ["Assessment, Performed": "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)"] PalliativeAssessment where Global. "NormalizeInterval" ( PalliativeAssessment.relevantDatetime, PalliativeAssessment.relevantPeriod ) overlaps day of "Measurement Period" )

or exists ( ["Diagnosis": "Palliative Care Diagnosis"] PalliativeDiagnosis
  where PalliativeDiagnosis.prevalencePeriod overlaps day of "Measurement Period" )

or exists ( ["Encounter, Performed": "Palliative Care Encounter"] PalliativeEncounter
  where PalliativeEncounter.relevantPeriod overlaps day of "Measurement Period" )

or exists ( ["Intervention, Performed": "Palliative Care Intervention"] PalliativeIntervention
  where Global. "NormalizeInterval" ( PalliativeIntervention.relevantDatetime, PalliativeIntervention.relevantPeriod ) overlaps day of "Measurement Period" )
```

▲ Qualifying Encounters

```
( ["Encounter, Performed": "Office Visit"] union ["Encounter, Performed": "Annual Wellness Visit"] union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"] union ["Encounter, Performed": "Preventive Care Services Initial Office Visit, 18 and Up"] union ["Encounter, Performed": "Home Healthcare Services"] union ["Encounter, Performed": "Ophthalmological Services"] union ["Encounter, Performed": "Telephone Visits"] ) ValidEncounters where ValidEncounters.relevantPeriod during day of "Measurement Period"
```

▲ Retinal Exam in Measurement Period

["Physical Exam, Performed": "Retinal or Dilated Eye Exam"] RetinalExam
where Global. "NormalizeInterval" (RetinalExam.relevantDatetime, RetinalExam.relevantPeriod) during day of "Measurement Period"

▲ Retinal Exam in Measurement Period or Year Prior

["Physical Exam, Performed": "Retinal or Dilated Eye Exam"] RetinalExam
where Global."NormalizeInterval" (RetinalExam.relevantDatetime, RetinalExam.relevantPeriod) during day of Interval[start of "Measurement Period" - 1 year, end of "Measurement Period"]

▲ SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ SDE Payer

["Patient Characteristic Payer": "Payer Type"]

▲ SDE Race

["Patient Characteristic Race": "Race"]

▲ SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Functions

▲ Global.NormalizeInterval(pointInTime DateTime, period Interval<DateTime>)

if pointInTime is not null then Interval[pointInTime, pointInTime] else if period is not null then period

else null as Interval<DateTime>

Terminology

- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospicé care (procedure)" ("SNOMEDCT Code (428361000124107)")
- code "Functional Assessment of Chronic Illness Therapy Palliative Care Questionnaire (FACIT-Pal)" ("LOINC Code (71007-9)")
- code "Hospice care [Minimum Data Set]" ("LOINC Code (45755-6)")
- code "Housing status" ("LOINC Code (71802-3)")
- code "Lives in nursing home (finding)" ("SNOMEDCT Code (160734000)")
- code "Medical equipment used" ("LOINC Code (98181-1)")
- code "Yes (qualifier value)" ("SNOMEDCT Code (373066001)")
- valueset "Advanced Illness" (2.16.840.1.113883.3.464.1003.110.12.1082)
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Dementia Medications" (2.16.840.1.113883.3.464.1003.196.12.1510)
- valueset "Diabetes" (2.16.840.1.113883.3.464.1003.103.12.1001)
- valueset "Diabetic Retinopathy" (2.16.840.1.113883.3.526.3.327)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Frailty Device" (2.16.840.1.113883.3.464.1003.118.12.1300)
- valueset "Frailty Diagnosis" (2.16.840.1.113883.3.464.1003.113.12.1074)
- valueset "Frailty Encounter" (2.16.840.1.113883.3.464.1003.101.12.1088)
- valueset "Frailty Symptom" (2.16.840.1.113883.3.464.1003.113.12.1075)
- valueset "Homé Héalthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice Care Ambulatory" (2.16.840.1.113883.3.526.3.1584)
- valueset "Hospice Diagnosis" (2.16.840.1.113883.3.464.1003.1165)
- valueset "Hospice Encounter" (2.16.840.1.113883.3.464.1003.1003)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Ophthalmological Services" (2.16.840.1.113883.3.526.3.1285)
- valueset "Palliative Care Diagnosis" (2.16.840.1.113883.3.464.1003.1167)
- valueset "Palliative Care Encounter" (2.16.840.1.113883.3.464.1003.101.12.1090)
- valueset "Palliative Care Intervention" (2.16.840.1.113883.3.464.1003.198.12.1135)
- valueset "Payer Type" (2.16.840.1.114222.4.11.3591)
- valueset "Preventive Care Services Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)
- valueset "Preventive Care Services Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Retinal or Dilated Eye Exam" (2.16.840.1.113883.3.464.1003.115.12.1088)
- valueset "Telephone Visits" (2.16.840.1.113883.3.464.1003.101.12.1080)

Data Criteria (QDM Data Elements)

- "Assessment, Performed: Functional Assessment of Chronic Illness Therapy Palliative Care Questionnaire (FACIT-Pal)" using "Functional Assessment of Chronic Illness Therapy Palliative Care Questionnaire (FACIT-Pal) (LOINC Code 71007-9)"
- "Assessment, Performed: Hospice care [Minimum Data Set]" using "Hospice care [Minimum Data Set] (LOINC Code 45755-6)"
- "Assessment, Performed: Housing status" using "Housing status (LOINC Code 71802-3)"
- "Assessment, Performed: Medical equipment used" using "Medical equipment used (LOÍNC Code 98181-1)"
- "Device, Order: Frailty Device" using "Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)"
- "Diagnosis: Advanced Illness" using "Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)"
- "Diagnosis: Diabetes" using "Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)"
- "Diagnosis: Diabetic Retinopathy" using "Diabetic Retinopathy (2.16.840.1.113883.3.526.3.327)"
- Diagnosis: Frailty Diagnosis" using "Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)"
- "Diagnosis: Hospice Diagnosis" using "Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)"
- "Diagnosis: Palliative Care Diagnosis" using "Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Frailty Encounter" using "Frailty Encounter (2.16.840.1.113883.3.464.1003.101.12.1088)"
- "Encounter, Performed: Homé Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Hospice Encounter" using "Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Ophthalmological Services" using "Ophthalmological Services (2.16.840.1.113883.3.526.3.1285)"

11/14/24, 6:49 PM Diabetes: Eye Exam 13.0.000

• "Encounter, Performed: Palliative Care Encounter" using "Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)"

- "Encounter, Performed: Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Serv
- "Encounter, Performed: Preventive Care Services Initial Office Visit, 18 and Up" using "Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Encounter, Performed: Telephone Visits" using "Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)"
- "Intervention, Order: Hospice Care Ambulatory" using "Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)"
- "Intervention, Performed: Hospice Care Ambulatory" using "Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)"
- "Intervention, Performed: Palliative Care Intervention" using "Palliative Care Intervention (2.16.840.1.113883.3.464.1003.198.12.1135)"
- "Medication, Active: Dementia Medications" using "Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer Type" using "Payer Type (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"
- "Physical Exam, Performed: Retinal or Dilated Eye Exam" using "Retinal or Dilated Eye Exam (2.16.840.1.113883.3.464.1003.115.12.1088)"
- "Symptom: Frailty Symptom" using "Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)"

Supplemental Data Elements

▲ SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ SDE Payer

["Patient Characteristic Payer": "Payer Type"]

▲ SDE Race

["Patient Characteristic Race": "Race"]

▲ SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Risk Adjustment Variables

None

Measure Set	N