

### CORE SET

Health Outcomes Policy Priority	Eligible Professionals Stage 1 Obj.	Eligible Hospitals & CAH Stage 1 Obj.	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE
	Implement drug-drug and drug-allergy interaction checks	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
	Generate and transmit permissible prescriptions electronically (eRx)		More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
	Record demographics <ul style="list-style-type: none"> <li>o preferred language</li> <li>o gender</li> <li>o race</li> <li>o ethnicity</li> <li>o date of birth</li> </ul>	Record demographics <ul style="list-style-type: none"> <li>o preferred language</li> <li>o gender</li> <li>o race</li> <li>o ethnicity</li> <li>o date of birth</li> <li>o date and preliminary cause of death in the event of mortality in the eligible hospital or CAH</li> </ul>	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data
	Maintain an up-to-date problem list of current and active diagnoses	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data
	Maintain active medication List	Maintain active medication List	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data

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	Maintain active medication allergy list	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
	Record and chart changes in vital signs: o Height o Weight o Blood pressure o Calculate and display BMI o Plot and display growth charts for children 2-20 years, including BMI	Record and chart changes in vital signs: o Height o Weight o Blood pressure o Calculate and display BMI o Plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data
	Record smoking status for patients 13 years old or older	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data
	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule
	Report ambulatory clinical quality measures to CMS or the States	Report hospital clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule
Engage patients and families in their health care	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days

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		Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it
	Provide clinical summaries for patients for each office visit		Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Improve care Coordination	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

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## MENU SET

Stage 1 – EP/EH/CAH may exclude 5 of the following but they must keep at least one public health item.

Stage 2 – Intention of CMS for all Menu Items to be Core in Stage 2

Health Outcomes Policy Priority	Eligible Professionals Stage 1 Obj.	Eligible Hospitals & CAH Stage 1 Obj.	Stage 1 Measures
Improving quality, safety, efficiency, and reducing health disparities	Implement drug formulary Checks	Implement drug formulary Checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period
		Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded
	Incorporate clinical lab test results into certified EHR technology as structured data	Incorporate clinical lab test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
	<b>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach</b>	<b>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach</b>	<b>Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition</b>
	Send reminders to patients per patient preference for preventive/follow up care		More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period

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Engage patients and families in their health care	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP		More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources
Improve care Coordination	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)
	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals
<b>Improve population and public health<sup>2</sup></b>	<b>Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</b>	<b>Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</b>	<b>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)</b>

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		<p>Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice</p>	<p>Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)</p>
	<p>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p>	<p>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p>	<p>Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)</p>

<sup>2</sup> Unless an EP, eligible hospital or CAH has an exception for all of these objectives and measures they must complete at least one as part of their demonstration of the menu set in order to be a meaningful EHR user.

### CLINICAL QUALITY MEASURES (CQM)

Stage 1– EP must complete 3 in the Core Set (also selecting from Alternate Core Set) and chose 3 (from 38) in the Additional Set for a total of 6 CQMs.  
 – EH/CAH must complete all 15 CQMs.

Health Outcomes Policy Priority	Eligible Professionals Stage 1 CQM	Stage 1 Measures
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Improving quality, safety, efficiency, and reducing health disparities	(Core Set) Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.
	(Core Set) Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention	a) Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months. b) Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.
	(Core Set) Adult Weight Screening and Follow-up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.
	(Alternate Core Set) Weight Assessment and Counseling for Children and Adolescents	The percentage of patients 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
	(Alternate Core Set) Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).
	(Alternate Core Set) Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.
	(Additional Set) Diabetes: Hemoglobin A1c Poor Control	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c >9.0%.
	(Additional Set) Diabetes: Low Density Lipoprotein (LDL) Management and Control	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had LDL- C <100mg/dL.
	(Additional Set) Diabetes: Blood Pressure Management	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had BP <140/90 mmHg.

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	(Additional Set) Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.
	(Additional Set) Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta- blocker therapy.
	(Additional Set) Pneumonia Vaccination Status for Older Adults	The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
	(Additional Set) Breast Cancer Screening	The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.
	(Additional Set) Colorectal Cancer Screening	The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.
	(Additional Set) Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.
	(Additional Set) Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta- blocker therapy.
	(Additional Set) Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.
	(Additional Set) Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least 2 office visits, who have an optic nerve head evaluation during one or more office visits within 12 months.
	(Additional Set) Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.
	(Additional Set) Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on- going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

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	(Additional Set) Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long- term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
	(Additional Set) Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.
	(Additional Set) Appropriate Testing for Children with Pharyngitis	The percentage of children 2- 18 years of age who were diagnosed with Pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
	(Additional Set) Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12- month reporting period.
	(Additional Set) Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.
	(Additional Set) Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.
	(Additional Set) Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies	The percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.
	(Additional Set) Diabetes: Eye Exam	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional .
	(Additional Set) Diabetes: Urine Screening	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy .

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	(Additional Set) Diabetes: Foot Exam	The percentage of patients aged 18- 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).
	(Additional Set) Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL- Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid- lowering therapy (based on current ACC/AHA guidelines).
	(Additional Set) Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.
	(Additional Set) Ischemic Vascular Disease (IVD): Blood Pressure Management	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose most recent blood pressure is in control (<140/90 mmHg).
	(Additional Set) Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.
	(Additional Set) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement	The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.
	(Additional Set) Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12- month period who were screened for HIV infection during the first or second prenatal visit.
	(Additional Set) Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12- month period who received anti- D immune globulin at 26- 30 weeks gestation.

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	(Additional Set) Controlling High Blood Pressure	The percentage of patients 18- 85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.
	(Additional Set) Cervical Cancer Screening	The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.
	(Additional Set) Chlamydia Screening for Women	The percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
	(Additional Set) Use of Appropriate Medications for Asthma	The percentage of patients 5- 50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5- 11 years, 12- 50 years, and total).
	(Additional Set) Low Back Pain: Use of Imaging Studies	The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X- ray, MRI, CT scan) within 28 days of diagnosis.
	(Additional Set) Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL- C was <100 mg/dL.
	(Additional Set) Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.

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Improving quality, safety, efficiency, and reducing health disparities	Ischemic stroke- Discharge on anti-thrombotics	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
	Ischemic stroke- Anticoagulation for A-fib/flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
	Ischemic stroke- Thrombolytic therapy for patients arriving within 2 hours of symptom onset	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.

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	Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.
	Ischemic stroke –Discharge on statins	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
	Ischemic or hemorrhagic stroke –Stroke education	Ischemic or hemorrhagic stroke patients or their caregivers who were given education materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
	Ischemic or hemorrhagic stroke – Rehabilitation assessment	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
	VTE prophylaxis within 24 hours of arrival	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
	Intensive Care Unit VTE prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).
	Anticoagulation overlap therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous (IV) or subcutaneous anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ration (INR) >2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.
	Platelet monitoring on unfractionated heparin	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous IV UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.

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	VTE discharge instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that addressed all four criteria; compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.
	Incidence of potentially preventable VTE	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.
	Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
	Emergency Department Throughput – admitted patients –Admission decision time to ED departure time for admitted patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

Public health agencies – A public health agency is an entity under the jurisdiction of the U.S. Department of Health and Human Services, tribal organization, State level and/or city/county level administration that serves a public health function.

CAH - Critical Access Hospital

Eligible professional (EP) means a physician as defined in section 1861(r) of the Act, which includes, with certain limitations, all of the following types of professionals:

- (1) A doctor of medicine or osteopathy.
- (2) A doctor of dental surgery or medicine.
- (3) A doctor of podiatric medicine.
- (4) A doctor of optometry.
- (5) A chiropractor.