# IT-1.4: Annual monitoring for patients on persistent medications - Diuretic

| **Measure Title** | **IT-1.4 Annual monitoring for patients on persistent medications - Diuretic** |
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| **Description** | Percentage of patients 18 years of age and older who received at least 180 treatment days of a diuretic in the measurement year and had at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. |
| **NQF Number** | Not applicable |
| **Measure Steward** | National Committee for Quality Assurance |
| **Link to measure citation** | http://www.qualitymeasures.ahrq.gov/content.aspx?id=47203National Committee for Quality Assurance specifications (Table MPM-C):[http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2014/NDC/MPM-C\_2014%20(final).xlsx](http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2014/NDC/MPM-C_2014%20%28final%29.xlsx) |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC

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|  | Baseline | DY4 | DY5 |
| Achievement Level / Goal Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) |
| Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) |

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| **Benchmark Description** |

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| NCQA Quality Compass |
| HPL (90th Percentile) | 91.30% |
| MPL (25th Percentile) or 10th if applicable | 81.35% |

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| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Replaced term "member" with "patient"
* Replaced continuous enrollment language with a requirement that the patient must have at least one outpatient encounter in the measurement year
* Replaced inclusion criteria with reference to refer to the measure specifications
* Removed references to Medicare specifications
* Removed references to specific dates
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| **Denominator Description**  | Patients\* 18 years of age and older as of the last day of the measurement year on persistent diuretics\*\*-- defined as patients who received at least 180 treatment days\*\*\* of ambulatory medication during the measurement year. |
| **Denominator Inclusions** | **Note**: Medications dispensed in the year prior to the measurement year must be counted toward the 180 treatment days.\*Patients must have had at least one outpatient encounter in the measurement year. \*\*Refer to Table MPM-C in the original measure documentation to identify diuretics. Patients may switch therapy with any medication listed in Table MPM-C during the measurement year and have the days supply for those medications count toward the total 180 treatment days. Refer to National Committee on Quality Assurance hyperlink above to access Table MPM-C.\*\*\*Treatment Days are the actual number of calendar days covered with prescriptions within the measurement year (i.e., a prescription of 90 days supply dispensed on the first day of month 12 of the measurement year counts as 30 treatment days). Sum the days supply for all medications and subtract any days supply that extends beyond the last day of the measurement year. Medications dispensed in the year prior to the measurement year must be counted toward the 180 treatment days. Members may switch therapy with any medication listed in Table MPM-C during the measurement year and have the days supply for those medications count toward the total 180 treatment days. |
| **Denominator Exclusions** | Exclude members who had an inpatient (acute or nonacute) encounter during the measurement year. (Optional) |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | Patients from the denominator with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year  |
| **Numerator Inclusions** | The patient must meet one of the following criteria to be compliant.* A code for a lab panel test during the measurement year
* A code for a serum potassium and a code for serum creatinine during the measurement year
* A code for serum potassium and a code for blood urea nitrogen during the measurement year

**Note:** The two tests do not need to occur on the same service date, only within the measurement year. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative clinical data; Laboratory data; Pharmacy data |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |