# IT-1.6: Cholesterol Management for Patients with Cardiovascular Conditions

| **Measure Title** | **IT-1.6 Cholesterol Management for Patients with Cardiovascular Conditions** |
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| **Description** | Percentage of patients 18 to 75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in 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, who had each of the following during the measurement year:   * Low-density lipoprotein cholesterol (LDL-C) screening performed * LDL-C control (less than 100 mg/dL) |
| **NQF Number** | Not applicable |
| **Measure Steward** | National Committee for Quality Assurance |
| **Link to measure citation** | <http://www.qualitymeasures.ahrq.gov/content.aspx?id=47175>  **Note from the National Quality Measures Clearinghouse (NQMC)**:   * For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.   Measure specifications reference value sets that must be used for HEDIS reporting. In this NQMC measure summary, value set references are capitalized and underlined. A value set is the complete set of codes used to identify the service or condition included in the measure. Refer to the original measure documentation for the Value Set Directory. |
| **Measure type** | Stand-alone (SA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC   |  |  |  |  | | --- | --- | --- | --- | |  | Baseline | DY4 | DY5 | | Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) | | Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) | |
| **Benchmark Description** | |  |  | | --- | --- | | NCQA Quality Compass | | | HPL (90th Percentile) | 55.56% | | | MPL (25th Percentile) or 10th if applicable | 35.13% | | |
| **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 prior year * Removed references to Medicare specifications * Removed references to specific dates |
| **Denominator Description** | Patients age 18 to 75 years as of the last day of the measurement year who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in 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 |
| **Denominator Inclusions** | * Patients must have had at least one outpatient encounter in the prior. * Patients are identified for the eligible population in two ways: by event or by diagnosis. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one to be included in the measure. * *Event.* Any of the following during the year prior to the measurement year meet criteria:   + *AMI*. Discharged alive from an acute inpatient setting with an AMI (AMI Value Set). Use both facility and professional claims to identify AMI.   + *CABG*. Discharged alive from an acute inpatient setting with a CABG (CABG Value Set). Use both facility and professional claims to identify CABG.   + *PCI*. Members who had PCI (PCI Value Set) in any setting. * *Diagnosis*. Identify patients as having IVD who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.   + At least one outpatient visit (Outpatient Value Set), with an IVD diagnosis (IVD Value Set), or   At least one acute inpatient encounter (Acute Inpatient Value Set), with an IVD diagnosis (IVD Value Set) |
| **Denominator Exclusions** | The Measure Steward does not identify specific denominator exclusions beyond what is described in the denominator description. |
| **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. |
| **Numerator Description** | Patients who had each of the following during the measurement year:   * *Low-density Lipoprotein Cholesterol (LDL-C) Screening*: An LDL-C test performed during the measurement year. * *LDL-C Control (Less Than 100 mg/dL)*: The most recent LDL-C level during the measurement year is less than 100 mg/dL. |
| **Numerator Inclusions** | * The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
| **Numerator Exclusions** | The patient is noncompliant if the result for the most recent LDL-C test is greater than or equal to 100 mg/dL or is missing, or if an LDL-C test was not done during the measurement year. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative clinical data; Laboratory data; Paper medical record |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |