### Inflammatory Bowel Disease (IBD)
#### Digestive Health Recognition Program

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Measure Name</th>
<th>Measure Description</th>
<th>NQS Domain</th>
<th>Measure Type</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQRS #110 NQF 0041</td>
<td>Preventive Care and Screening: Influenza Immunization</td>
<td>Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization</td>
<td>Community/Population Health</td>
<td>Process</td>
<td>Registry Measures Group Claims EHR GPRO</td>
</tr>
</tbody>
</table>

**Measure Denominator**

Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter

AND


AND

One of the following patient encounter codes: 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439

Measure #110 only needs to be reported a minimum of once during the reporting period when the patient’s visit included in the patient sample population is between January and March for the 2014-2015 influenza season OR between October and December for the 2015-2016 influenza season. When the patient’s office visit is between April and September, Measure #110 is not applicable and will not affect the eligible provider’s reporting or performance rate.

**Measure Numerator**

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

Influenza immunization administered or previously received (G8482)

**Measure Exclusions**

Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons) (G8483)

**Measure Performance NOT Met**

Influenza immunization was not administered, reason not given (G8484)

**Measure Rationale**

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine is recommended for all persons aged ≥ 6 months who do not have contraindications to vaccination.
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</tr>
</thead>
<tbody>
<tr>
<td>PQRS #111</td>
<td>NQF 0043</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>Community/Population Health</td>
<td>Process</td>
<td>Registry Measures Group Claims EHR GPRO</td>
</tr>
<tr>
<td></td>
<td>Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter AND One of the following diagnosis codes indicating IBD: ICD-10-CM: K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K51.012, K51.013, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919 AND One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439 Measure #111 can be reported on patients 18 years and older for purposes of this measures group.</td>
<td>Measure Numerator</td>
<td>Patients who have ever received a pneumococcal vaccination Pneumococcal vaccine administered or previously received (4040F)</td>
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<td></td>
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<tr>
<td></td>
<td>Measure Exclusions</td>
<td>None</td>
<td>Measure Rationale</td>
<td>Measure Performance NOT Met</td>
<td>Pneumococcal vaccine was not administered or previously received, reason not otherwise specified (4040F with 8P).</td>
</tr>
<tr>
<td></td>
<td>Measure Rationale</td>
<td>Pneumonia is a common cause of illness and death in the elderly and persons with certain underlying conditions such as heart failure, diabetes, cystic fibrosis, asthma, sickle cell anemia, or chronic obstructive pulmonary disease (NHLBI, 2011). In 1998, an estimated 3,400 adults aged &gt; 65 years died as a result of invasive pneumococcal disease (IPD) (CDC, 2003). Among the 91.5 million US adults aged &gt; 50 years, 29,500 cases of IPD, 502,600 cases of nonbacteremic pneumococcal pneumonia and 25,400 pneumococcal-related deaths are estimated to occur yearly; annual direct and indirect costs are estimated to total $3.7 billion and $1.8 billion, respectively. Pneumococcal disease remains a substantial burden among older US adults, despite increased coverage with 23-valent pneumococcal polysaccharide vaccine, (PPV23) and indirect benefits afforded by PCV7 vaccination of young children (Weycker, et al., 2011). Vaccination has been found to be effective against bacteremic cases (OR: 0.34; 95% CI: 0.27–0.66) as well as nonbacteremic cases (OR: 0.58; 95% CI: 0.39–0.86). Vaccine effectiveness was highest against bacteremic infections caused by vaccine types (OR: 0.24; 95% CI: 0.09–0.66) (Vila-Corcoles, et al., 2009).</td>
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<tr>
<td>PQRS #226 NQF 0028</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user</td>
<td>Community/Population Health</td>
<td>Process</td>
<td>Registry Measures Group Claims EHR GPRO</td>
</tr>
</tbody>
</table>

**Measure Denominator**
Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter AND
One of the following patient encounter codes: 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99406, 99407, G0438, G0439

**Measure Numerator**
Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (4004F) OR Current tobacco non-user (1036F)

**Measure Exclusions**
Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason) (4004F with 1P)

**Measure Performance NOT Met**
Tobacco screening OR tobacco cessation intervention not performed, reason not otherwise specified (4004F with 8P)

**Measure Rationale**
This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop smoking lower their risk for heart disease, lung disease, and stroke.
### Inflammatory Bowel Disease (IBD)
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<tbody>
<tr>
<td>PQRS #270</td>
<td>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills that have been prescribed corticosteroid sparing therapy in the last reporting year</td>
<td>Effective Clinical Care</td>
<td>Outcome</td>
<td>Registry Measures Group</td>
</tr>
</tbody>
</table>

#### Measure Denominator

- Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter
- One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99406, 99407
- Patient who has received or is receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills within the last twelve months: G9467

#### Measure Numerator

- Prescribed a corticosteroid sparing therapy (e.g., thiopurines, methotrexate, or biologic agents)

#### Measure Met: Corticosteroid sparing therapy prescribed (4142F)

#### Measure Exclusions

- Documentation of medical reason(s) for not treating with corticosteroid sparing therapy (e.g., benefits of continuing steroid therapy outweigh the risk of continuing steroid therapy or initiating steroid sparing therapy, patient is receiving the first course of corticosteroids for the treatment of IBD) (4142F with 1P)
- OR
- Documentation of patient reason(s) for not treating with corticosteroid sparing therapy (e.g., patient refuses to initiate steroid sparing therapy) (4142F with 2P)

#### Measure Performance NOT Met

- Corticosteroid sparing therapy not prescribed, reason not otherwise specified (4142F with 8P)
**Measure Rationale**

Thirty to forty percent of patients with moderate to severe IBD have steroid dependent disease. That means that they are unable to taper off steroids without experiencing a flare up. (Crohn's and Colitis Foundation of America, Corticosteroids, Special Considerations. Crohn's and Colitis Foundation of America, Jan. 16, 2009). A retrospective study examined whether the treatment of Crohn’s disease (CD) and ulcerative colitis (UC) with immunosuppressant medications was associated with an increased risk of death prior to antitumor necrosis factor therapies. The authors found that patients with both CD and UC are at increased risk of death during periods of current corticosteroid use. In contrast, current treatment with thiopurines was not associated with an increased risk of death. (Lewis J et al. Immunosuppressant Medications and Mortality in Inflammatory Bowel Disease. Am J Gastro.2008; 103:1428-1435). Similar findings were reached after an additional 5 years of follow-up in this patient population using multivariate logistic regression analyses which demonstrated a significant increase in mortality risk associated with chronic corticosteroid therapy, Hazard Ratio-2.14. (Lichtenstein G et al. Serious Infection and Mortality in Patients with Crohn's Disease: More Than 5 Years of Follow-up in the TREAT Registry. Am J Gastro. 2012: 107:1409-1422.)
**Inflammatory Bowel Disease (IBD)**

Digestive Health Recognition Program

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<tbody>
<tr>
<td>PQRS #271</td>
<td>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment</td>
<td>Percentage of patients aged 18 years and older with an inflammatory bowel disease encounter who were prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>Registry Measures Group</td>
</tr>
</tbody>
</table>

**Measure Denominator**

Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter

AND


AND

One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99406, 99407

AND

Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills: G9469

**Measure Numerator**

Patients who have received dose of corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills and who were documented for risk of bone loss during the reporting year or the previous calendar year.

Within the past 2 years, Central Dual-energy X-Ray Absorptiometry (DXA) ordered and documented review of systems and medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (G8861)

**Measure Exclusions**

None

**Measure Performance NOT Met**

Within the past 2 years, Central Dual-energy X-Ray Absorptiometry (DXA) not ordered and documented, no review of systems and no medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (G9472)
Inflammatory Bowel Disease (IBD)  
Digestive Health Recognition Program

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<th>Measure Rationale</th>
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<tr>
<td>Patients with inflammatory bowel disease (IBD) often rely on their gastroenterologist for healthcare maintenance. In addition, the gastroenterologist also provides guidance to the patient’s primary care physician on a broad range of issues such as vaccinations, osteoporosis screening, and cancer/dysplasia surveillance. Screening for osteoporosis is based on a combination of individual risk factors, but a history of prolonged (&gt;3 months) steroid use over 10 mg is reason enough to obtain dual-energy x-ray absorptiometry scanning. (Moscandrew M., Mahadevan U., Kane S. General Health Maintenance in IBD. Inflamm Bowel Dis. 2009; 15:1399–1409.)</td>
</tr>
<tr>
<td>The decision to measure bone density should follow an individualized approach. It should be considered when it will help the patient decide whether to institute treatment to prevent osteoporotic fracture. It should also be considered in patients receiving glucocorticoid therapy for two months or more and patients with other conditions that place them at high risk for osteoporotic fracture. (NIH)</td>
</tr>
<tr>
<td>The most commonly used measurement to diagnose osteoporosis and predict fracture risk is based on assessment of bone mineral density BMD by dual energy X-ray absorptiometry (DXA). (NIH)</td>
</tr>
<tr>
<td>Measurements of BMD made at the hip predict hip fracture better than measurements made at other sites while BMD measurement at the spine predicts spine fracture better than measures at other sites. (NIH)</td>
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### Inflammatory Bowel Disease (IBD)

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<tbody>
<tr>
<td>PQRS #274</td>
<td>Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) for whom a tuberculosis (TB) screening was performed and results interpreted within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>Registry Measures Group</td>
</tr>
</tbody>
</table>

#### Measure Denominator

Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter

AND


AND

One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99406, 99407

AND

Patients receiving a first course of anti-TNF therapy: G8868

#### Measure Numerator

Patients who had TB screening performed and results interpreted, within 6 months prior to receiving a first course of anti-TNF therapy

Documentation that tuberculosis (TB) screening test performed and results interpreted (3510F)

#### Measure Exclusions

Documentation of medical reason(s) for not performing TB screening test within 6 months prior to receiving a first course of anti-TNF therapy (e.g., patient positive for TB and documentation of past treatment; patient recently completed course of anti-TB therapy) (3510F with 1P)

OR

Documentation of patient reason(s) for not performing TB screening test within 6 months prior to receiving a first course of anti-TNF therapy (e.g., patient declined) (3510F with 2P)

#### Measure Performance NOT Met

TB screening test not performed within 6 months prior to receiving a first course of anti-TNF therapy, reason not otherwise specified (3510F with 8P)

#### Measure Rationale

Before initiating biologic anti-TNF therapy for a patient with IBD, it is essential to screen the patient for tuberculosis, as research has documented a higher incidence of TB after anti-TNF therapy. All patients being considered for biologic anti-TNF therapy should receive a tuberculin skin test, even if the patient has previously received the BCG vaccination. Test results, in addition to patient risk for TB and other tests, should be used to assess the patient’s risk for latent TB infection. This is a patient safety measure.
Opportunity for improvement: While there are a limited number of studies that investigate gaps in care for patients with IBD, the research that does exist identifies opportunities for improvement in care areas: 1) there is a lack of adherence to tuberculosis screening, most noticeably in the use of disease-modifying anti-TNF drugs, and 2) variations in care by practice setting, geographic region and physician specialty.

Golimumab, certolizumab pegol, infliximab and adalimumab may all trigger latent TB. Also, all patients should be monitored during therapy for active TB even if the initial latent TB testing is negative. (See FDA package labeling for these anti-TNF biological agents).

Reactivation of hepatitis B virus has been reported in patients who are carriers of this virus and are taking TNF blocker medicines. (Kaiser T, Moessner J, McHutchison JG, Tillmann HG. Life threatening liver disease during treatment with monoclonal antibodies. BMJ 2009; 338:b508.)
Inflammatory Bowel Disease (IBD)
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<tbody>
<tr>
<td>PQRS #275</td>
<td>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>Registry Measures Group</td>
</tr>
</tbody>
</table>

**Measure Denominator**
Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter
AND
AND
One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99406, 99407

**Measure Numerator**
Patients who had HBV status assessed and results interpreted within one year prior to receiving a first course of anti-TNF therapy
Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (3517F)
OR
Patient has documented immunity to hepatitis B and is receiving a first course of anti-TNF therapy (G8869)

**Measure Exclusions**
Documented reason for not assessing Hepatitis B Virus (HBV) status (e.g. patient not receiving a first course of anti-TNF therapy, patient declined) within one year prior to first course of anti-TNF therapy (G9504)

**Measure Performance NOT Met**
Hepatitis B Virus (HBV) status not assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy, reason not otherwise specified (3517F with 8P)

**Measure Rationale**
Before initiating biologic anti-TNF therapy for a patient with IBD, it is essential to screen the patient for HBV, as research has documented reactivation of HBV after anti-TNF therapy. This is a patient safety measure.
Opportunity for improvement: While there are a limited number of studies that investigate gaps in care for patients with IBD, the research that does exist identifies opportunities for improvement in care areas: 1) there is a lack of adherence to documentation of HBV screening, most noticeably in the use of disease-modifying anti-TNF drugs, and 2) variations in care by practice setting, geographic region and physician specialty.
See FDA package labeling for anti-TNF biological agents — golimumab, certolizumab pegol, infliximab and adalimumab.
Reactivation of hepatitis B virus has been reported in patients who are carriers of this virus and are taking TNF blocker medicines. (Kaiser T, Moessner J, McHutchison JG, Tillmann HG. Life threatening liver disease during treatment with monoclonal antibodies. BMJ. 2009;338:b508)
# Inflammatory Bowel Disease (IBD)

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<tbody>
<tr>
<td>PQRS #269 (Retired)</td>
<td>Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have documented the disease type, anatomic location and activity, at least once during the reporting year</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>DHRP Only</td>
</tr>
</tbody>
</table>

### Measure Denominator

Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter AND


One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99406, 99407

### Measure Numerator

Patients who were assessed for disease type and anatomic location and activity. Type, anatomic location, and activity all documented (G0920)

### Measure Exclusions

Documentation of patient reason(s) for not being able to assess (e.g., patient refuses endoscopic and/or radiologic assessment) (G0921).

### Measure Performance NOT Met

No documentation of disease type, anatomic location and activity, reason not given (G0922).

### Measure Rationale

Therapeutic options are determined by an assessment of the disease location, severity, and extraintestinal complications. In the absence of a “gold standard” for the measurement of disease activity, severity is established on clinical parameters, systemic manifestations, and the global impact of the disease on the individual’s quality of life (44, 78,79). (Lichtenstein, GR et al. Management of Crohn’s Disease in Adults. Am J Gastro. 2009.)