<table>
<thead>
<tr>
<th><strong>eMeasure Title</strong></th>
<th>Functional Status Assessments for Congestive Heart Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>eMeasure Identifier (Measure Authoring Tool)</strong></td>
<td>90</td>
</tr>
<tr>
<td><strong>eMeasure Version number</strong></td>
<td>6.2.000</td>
</tr>
<tr>
<td><strong>NQF Number</strong></td>
<td>Not Applicable</td>
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<td><strong>GUID</strong></td>
<td>bb9b8ef7-0354-40e0-be8c-7d68917b7df519</td>
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<tr>
<td><strong>Measurement Period</strong></td>
<td>January 1, 20XX through December 31, 20XX</td>
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<tr>
<td><strong>Measure Steward</strong></td>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
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<tr>
<td><strong>Measure Developer</strong></td>
<td>National Committee for Quality Assurance</td>
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<tr>
<td><strong>Endorsed By</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments</td>
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<tr>
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<tr>
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<tr>
<td><strong>Measure Scoring</strong></td>
<td>Proportion</td>
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<td><strong>Measure Type</strong></td>
<td>Process</td>
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<tr>
<td><strong>Stratification</strong></td>
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<tr>
<td><strong>Risk Adjustment</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Rate Aggregation</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>Patients living with CHF often have poor functional status and health-related quality of life, which declines as the disease progresses (Allen et al. 2012). In addition, their care is often complicated by multiple comorbidities. To assist in managing these complex patients, the American College of Cardiology Foundation and American Heart Association recommend collecting initial and repeat assessments of a patients' function and ability to complete desired activities of daily living (Hunt et al. 2009). The American Heart Association has also released scientific statements emphasizing the collection of patient-reported health status (for example, functional limitations, symptom burden, quality of life) from CHF patients as an important means of establishing a dynamic conversation between patient and provider regarding care goals and the patient's priorities (Allen et al. 2012; Rumsfeld et al. 2013).</td>
</tr>
<tr>
<td><strong>Clinical Recommendation Statement</strong></td>
<td>American College of Cardiology Foundation/American Heart Association (2013): Every patient with HF should have a clear, detailed, and evidence-based plan of care that ensures the achievement of GDMT (guideline-directed medical therapy) goals, effective management of comorbid conditions, timely follow-up with the health care team, appropriate dietary and physical activities, and compliance with secondary prevention guidelines for cardiovascular disease. This plan of care should be updated regularly and made readily available to all members of each patient's health care team. (Class of recommendation: I; Level of evidence: C) Level C: Only consensus opinion of experts, case studies, or standard of care Class I: Procedure/treatment should be performed/administered</td>
</tr>
<tr>
<td><strong>Improvement Notation</strong></td>
<td>A higher score indicates better quality</td>
</tr>
</tbody>
</table>
Functional Status Assessments for Congestive Heart Failure

Reference

Definition
None

Guidance
Initial encounter: The first encounter during the first 185 days of the measurement year.

Follow-up encounter: The last encounter that is at least 30 days but no more than 180 days after the initial encounter.

A Functional Status Assessment (FSA) is based on administration of a validated instrument to eligible patients that asks patients to answer questions related to various domains including: pain, physical function, emotional well-being, health-related quality of life, symptom acuity.

The same FSA instrument must be used for the initial and follow-up assessment.

Transmission Format
TBD

Initial Population
Patients 65 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure

Denominator
Equals Initial Population

Denominator Exclusions
Patients with severe cognitive impairment or patients with a diagnosis of cancer

Numerator
Patients with patient reported functional status assessment results (eg, VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR within two weeks before or during the initial encounter and the follow-up encounter during the measurement year

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
- Data Criteria (QDM Variables)
- Data Criteria (QDM Data Elements)
- Supplemental Data Elements
- Risk Adjustment Variables

Population Criteria
- Initial Population =
  - AND: Age >= 65 year(s) at: "Measurement Period"
  - AND: "Diagnosis: Heart Failure" overlaps "Measurement Period"
  - AND: $CCFollowupEncounter
- Denominator =
  - AND: Initial Population
- Denominator Exclusions =
  - OR: Union of:
    - "Diagnosis: Severe Dementia"
    - "Diagnosis: All Cancer"
      - overlaps "Measurement Period"
- Numerator =
  - AND: "Functional Status, Performed: Functional Status Assessment for Heart Failure (result)" <= 2 week(s) ends before end of $CCInitialEncounter
  - AND: "Functional Status, Performed: Functional Status Assessment for Heart Failure (result)" <= 2 week(s) ends before end of $CCFollowupEncounter
- Numerator Exclusions =
  - None
- Denominator Exceptions =
  - None
- Stratification =
  - None

Data Criteria (QDM Variables)
- $CCFollowupEncounter =
  - Most Recent: Union of:

Functional Status Assessments for Congestive Heart Failure

Encounter, Performed: Office Visit satisfies all:
- >= 30 day(s) starts after end of $CCInitialEncounter
- <= 180 day(s) starts after end of $CCInitialEncounter

Encounter, Performed: Face-to-Face Interaction satisfies all:
- >= 30 day(s) starts after end of $CCInitialEncounter
- <= 180 day(s) starts after end of $CCInitialEncounter

$CCInitialEncounter =
- First: Union of:
  - "Encounter, Performed: Office Visit"
  - "Encounter, Performed: Face-to-Face Interaction"
  - <= 185 day(s) ends after start of "Measurement Period"

Data Criteria (QDM Data Elements)

- "Diagnosis: All Cancer" using "All Cancer Grouping Value Set (2.16.840.1.113883.3.464.1003.108.12.1011)"
- "Diagnosis: Heart Failure" using "Heart Failure Grouping Value Set (2.16.840.1.113883.3.526.3.376)"
- "Diagnosis: Severe Dementia" using "Severe Dementia Grouping Value Set (2.16.840.1.113883.3.526.3.1025)"
- "Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)"
- "Encounter, Performed: Office Visit" using "Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Functional Status, Performed: Functional Status Assessment for Heart Failure" using "Functional Status Assessment for Heart Failure Grouping Value Set (2.16.840.1.113883.3.464.1003.118.12.1031)"

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

Risk Adjustment Variables

- None

| Measure Set | None |