eCQM Title	**Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)**		
eCQM Identifier (Measure Authoring Tool)	122	**eCQM Version Number**	10.0.000
NQF Number	Not Applicable	**GUID**	f2986519-5a4e-4149-a8f2-af0a1dc7f6bc
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	None		
Description	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period		
Copyright	This Physician Performance Measure (Measure) and related data specifications are owned and were developed by the National Committee for Quality Assurance (NCQA). NCQA is not responsible for any use of the Measure. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in the Measure. The Measure can be reproduced and distributed, without modification, for noncommercial purposes (e.g., use by healthcare providers in connection with their practices) without obtaining approval from NCQA. Commercial use is defined as the sale, licensing, or distribution of the Measure for commercial gain, or incorporation of the Measure into a product or service that is sold, licensed or distributed for commercial gain. All commercial uses or requests for modification must be approved by NCQA and are subject to a license at the discretion of NCQA. (C) 2012-2020 National Committee for Quality Assurance. All Rights Reserved. Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any third party codes contained in the specifications. CPT(R) contained in the Measure specifications is copyright 2004-2020 American Medical Association. LOINC(R) copyright 2004-2020 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms(R) (SNOMED CT[R]) copyright 2004-2020 International Health Terminology Standards Development Organisation. ICD-10 copyright 2020 World Health Organization. All Rights Reserved.		
Disclaimer	The performance Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications. THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM].		
Measure Scoring	Proportion		
Measure Type	Intermediate Clinical Outcome		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	Diabetes is the seventh leading cause of death in the United States. In 2017, diabetes affected approximately 34 million Americans (10.5 percent of the U.S. population) and killed approximately 84,000 people (Centers for Disease Control and Prevention [CDC], 2020a). Diabetes is a long-lasting disease marked by high blood glucose levels, resulting from the body's inability to produce or use insulin properly (CDC, 2020a). People with diabetes are at increased risk of serious health complications including vision loss, heart disease, stroke, kidney damage, and amputation of feet or legs (CDC, 2018). In 2017, diabetes cost the U.S. an estimated $327 billion: $237 billion in direct medical costs and $90 billion in reduced productivity. This is a 34 percent increase from the estimated $245 billion spent on diabetes in 2012 (American Diabetes Association [ADA], 2018). Controlling A1c blood levels helps reduce the risk of microvascular complications (eye, kidney and nerve diseases) (ADA, 2020).		
Clinical Recommendation Statement	American Diabetes Association (2020): - An A1C goal for many nonpregnant adults of <7% (53 mmol/mol) is appropriate. (Level of evidence: A) - On the basis of provider judgement and patient preference, achievement of lower A1C goals (such as <6.5%) may be acceptable if this can be achieved safely without significant hypoglycemia or other adverse effects of treatment. (Level of evidence: C) - Less stringent A1C goals (such as <8% [64 mmol/mol]) may be appropriate for patients with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions, or long-standing diabetes in whom the goal is difficult to achieve despite diabetes self-management education, appropriate glucose monitoring, and effective doses of multiple glucose-lowering agents including insulin. (Level of evidence: B)		
Improvement Notation	Lower score indicates better quality		
Reference	Reference Type: CITATION Reference Text: 'American Diabetes Association. (2018). Economic costs of diabetes in the U.S. in 2017. Diabetes Care, 41, 917-928. Retrieved from http://care.diabetesjournals.org/content/early/2018/03/20/dci18-0007'		
Reference	Reference Type: CITATION Reference Text: 'American Diabetes Association. (2020). 6. Glycemic targets: Standards of Medical Care in Diabetes–2020. Diabetes Care 2020; 43(Suppl. 1):S66–S76. https://doi.org/10.2337/dc20-S006'		
Reference	Reference Type: CITATION Reference Text: 'Centers for Disease Control and Prevention. (2018). Diabetes Report Card 2017. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services. Retrieved from https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2017-508.pdf'		
Reference	Reference Type: CITATION Reference Text: 'Centers for Disease Control and Prevention. (2020a). National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services. Retrieved from https://www.cdc.gov/diabetes/data/statistics-report/index.html'		
Reference	Reference Type: CITATION		

	Reference Text: 'Centers for Disease Control and Prevention. (2020b). Diabetes Basics. Retrieved from https://www.cdc.gov/diabetes/basics/diabetes.html'
Definition	None
Guidance	If the HbA1c test result is in the medical record, the test can be used to determine numerator compliance. Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure; patients with a diagnosis of secondary diabetes due to another condition should not be included. This eCQM is a patient-based measure. This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (https://ecqi.healthit.gov/qdm) for more information on the QDM.
Transmission Format	TBD
Initial Population	Patients 18-75 years of age with diabetes with a visit during the measurement period
Denominator	Equals Initial Population
Denominator Exclusions	Exclude patients who are in hospice care for any part of the measurement period. Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period. Exclude patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria: - Advanced illness with two outpatient encounters during the measurement period or the year prior - OR advanced illness with one inpatient encounter during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior Exclude patients receiving palliative care during the measurement period.
Numerator	Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period.
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

Initial Population

```
exists ( ["Patient Characteristic Birthdate": "Birth date"] BirthDate
    where Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) in Interval[18, 75 )
)
  and exists ( AdultOutpatientEncounters."Qualifying Encounters"
      union "Telehealth Services"
  )
  and exists ( ["Diagnosis": "Diabetes"] Diabetes
      where Diabetes.prevalencePeriod overlaps "Measurement Period"
  )
```

Denominator

```
"Initial Population"
```

Denominator Exclusions

```
Hospice."Has Hospice"
  or FrailtyLTI."Advanced Illness and Frailty Exclusion Not Including Over Age 80"
  or ( exists ["Patient Characteristic Birthdate": "Birth date"] BirthDate
      where ( Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) >= 65 )
        and FrailtyLTI."Has Long Term Care Periods Longer Than 90 Consecutive Days"
        or PalliativeCare."Palliative Care in the Measurement Period"
  )
```

Numerator

```
"Has Most Recent HbA1c Without Result"
  or "Has Most Recent Elevated HbA1c"
  or "Has No Record Of HbA1c"
```

Numerator Exclusions

None

Denominator Exceptions

None

Stratification

None

Definitions

AdultOutpatientEncounters.Qualifying Encounters

```
( ["Encounter, Performed": "Office Visit"]
  union ["Encounter, Performed": "Annual Wellness Visit"]
  union ["Encounter, Performed": "Preventive Care Services - Established Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Preventive Care Services-Initial Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Home Healthcare Services"] ) ValidEncounter
  where ValidEncounter.relevantPeriod during "Measurement Period"
```

FrailtyLTI.Advanced Illness and Frailty Exclusion Not Including Over Age 80

```
exists ( ["Patient Characteristic Birthdate": "Birth date"] BirthDate
    where Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) >= 65
      and "Has Criteria Indicating Frailty"
      and ( exists "Two Outpatient Encounters with Advanced Illness on Different Dates of Service"
          or exists ( "Inpatient Encounter with Advanced Illness" )
          or exists "Dementia Medications In Year Before or During Measurement Period"
      )
)
```

FrailtyLTI.Dementia Medications In Year Before or During Measurement Period

```
["Medication, Active": "Dementia Medications"] DementiaMed
       where Global."NormalizeInterval"(DementiaMed.relevantDatetime, DementiaMed.relevantPeriod) overlaps Interval[( start of "Measurement Period" - 1 year ),
       end of "Measurement Period"]
```

FrailtyLTI.Has Criteria Indicating Frailty

```
exists ( ["Device, Order": "Frailty Device"] FrailtyDeviceOrder
    where FrailtyDeviceOrder.authorDatetime during "Measurement Period"
)
  or exists ( ["Device, Applied": "Frailty Device"] FrailtyDeviceApplied
      where Global."NormalizeInterval" ( FrailtyDeviceApplied.relevantDatetime, FrailtyDeviceApplied.relevantPeriod ) overlaps "Measurement Period"
  )
  or exists ( ["Diagnosis": "Frailty Diagnosis"] FrailtyDiagnosis
      where FrailtyDiagnosis.prevalencePeriod overlaps "Measurement Period"
  )
  or exists ( ["Encounter, Performed": "Frailty Encounter"] FrailtyEncounter
      where FrailtyEncounter.relevantPeriod overlaps "Measurement Period"
  )
  or exists ( ["Symptom": "Frailty Symptom"] FrailtySymptom
      where FrailtySymptom.prevalencePeriod overlaps "Measurement Period"
  )
```

FrailtyLTI.Has Long Term Care Periods Longer Than 90 Consecutive Days

```
"Max Long Term Care Period Length" > 90
```

FrailtyLTI.Inpatient Encounter with Advanced Illness

```
["Encounter, Performed": "Acute Inpatient"] InpatientEncounter
  where exists ( InpatientEncounter.diagnoses Diagnosis
      where Diagnosis.code in "Advanced Illness"
  )
    and InpatientEncounter.relevantPeriod starts 2 years or less on or before
    end of "Measurement Period"
```

FrailtyLTI.Long Term Care Adjacent Periods

```
from
"Long Term Care Overlapping Periods" LTCPeriod1,
"Long Term Care Overlapping Periods" LTCPeriod2
where end of LTCPeriod1 within 1 day of start of LTCPeriod2
return Interval[start of LTCPeriod1, end of LTCPeriod2]
```

FrailtyLTI.Long Term Care Overlapping Periods

```
collapse("Long Term Care Periods During Measurement Period")
```

FrailtyLTI.Long Term Care Periods During Measurement Period

```
( ["Encounter, Performed": "Care Services in Long-Term Residential Facility"]
  union ["Encounter, Performed": "Nursing Facility Visit"] ) LongTermFacilityEncounter
  where LongTermFacilityEncounter.relevantPeriod overlaps "Measurement Period"
  return LongTermFacilityEncounter.relevantPeriod
    intersect "Measurement Period"
```

FrailtyLTI.Max Long Term Care Period Length

```
Max((collapse("Long Term Care Overlapping Periods"
      union "Long Term Care Adjacent Periods"
  ))LTCPeriods
    return duration in days of LTCPeriods
)
```

FrailtyLTI.Outpatient Encounters with Advanced Illness

```
( ["Encounter, Performed": "Outpatient"]
  union ["Encounter, Performed": "Observation"]
  union ["Encounter, Performed": "Emergency Department Visit"]
  union ["Encounter, Performed": "Nonacute Inpatient"] ) OutpatientEncounter
  where exists ( OutpatientEncounter.diagnoses Diagnosis
      where Diagnosis.code in "Advanced Illness"
  )
    and OutpatientEncounter.relevantPeriod starts 2 years or less on or before
    end of "Measurement Period"
```

FrailtyLTI.Two Outpatient Encounters with Advanced Illness on Different Dates of Service

```
from
  "Outpatient Encounters with Advanced Illness" OutpatientEncounter1,
  "Outpatient Encounters with Advanced Illness" OutpatientEncounter2
  where OutpatientEncounter2.relevantPeriod ends 1 day or more after day of
```

```
  end of OutpatientEncounter1.relevantPeriod
  return OutpatientEncounter1
```

Denominator

```
"Initial Population"
```

Denominator Exclusions

```
Hospice."Has Hospice"
  or FrailtyLTI."Advanced Illness and Frailty Exclusion Not Including Over Age 80"
  or ( exists ["Patient Characteristic Birthdate": "Birth date"] BirthDate
      where ( Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) >= 65 )
        and FrailtyLTI."Has Long Term Care Periods Longer Than 90 Consecutive Days"
        or PalliativeCare."Palliative Care in the Measurement Period"
  )
```

Has Most Recent Elevated HbA1c

```
"Most Recent HbA1c".result > 9 '%'
```

Has Most Recent HbA1c Without Result

```
"Most Recent HbA1c" is not null
  and "Most Recent HbA1c".result is null
```

Has No Record Of HbA1c

```
not exists ( ["Laboratory Test, Performed": "HbA1c Laboratory Test"] NoHbA1c
    where Global."LatestOf" ( NoHbA1c.relevantDatetime, NoHbA1c.relevantPeriod ) during "Measurement Period"
)
```

Hospice.Has Hospice

```
exists ( ["Encounter, Performed": "Encounter Inpatient"] DischargeHospice
    where ( DischargeHospice.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
        or DischargeHospice.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)"
    )
      and DischargeHospice.relevantPeriod ends during "Measurement Period"
)
  or exists ( ["Intervention, Order": "Hospice care ambulatory"] HospiceOrder
      where HospiceOrder.authorDatetime during "Measurement Period"
  )
  or exists ( ["Intervention, Performed": "Hospice care ambulatory"] HospicePerformed
      where Global."NormalizeInterval" ( HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod ) overlaps "Measurement Period"
  )
```

Initial Population

```
exists ( ["Patient Characteristic Birthdate": "Birth date"] BirthDate
    where Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) in Interval[18, 75 )
)
  and exists ( AdultOutpatientEncounters."Qualifying Encounters"
      union "Telehealth Services"
  )
  and exists ( ["Diagnosis": "Diabetes"] Diabetes
      where Diabetes.prevalencePeriod overlaps "Measurement Period"
  )
```

Most Recent HbA1c

```
Last(["Laboratory Test, Performed": "HbA1c Laboratory Test"] RecentHbA1c
    where Global."LatestOf"(RecentHbA1c.relevantDatetime, RecentHbA1c.relevantPeriod)during "Measurement Period"
    sort by start of Global."NormalizeInterval"(relevantDatetime, relevantPeriod)
)
```

Numerator

```
"Has Most Recent HbA1c Without Result"
  or "Has Most Recent Elevated HbA1c"
  or "Has No Record Of HbA1c"
```

PalliativeCare.Palliative Care in the Measurement Period

```
exists ( ["Assessment, Performed": "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)"] PalliativeAssessment
    where Global."NormalizeInterval"(PalliativeAssessment.relevantDatetime, PalliativeAssessment.relevantPeriod) overlaps "Measurement Period"
)
  or exists ( ["Encounter, Performed": "Palliative Care Encounter"] PalliativeEncounter
      where PalliativeEncounter.relevantPeriod overlaps "Measurement Period"
  )
  or exists ( ["Intervention, Performed": "Palliative Care Intervention"] PalliativeIntervention
      where Global."NormalizeInterval"(PalliativeIntervention.relevantDatetime, PalliativeIntervention.relevantPeriod) overlaps "Measurement Period"
  )
```

SDE Ethnicity

```
["Patient Characteristic Ethnicity": "Ethnicity"]
```

SDE Payer

```
["Patient Characteristic Payer": "Payer"]
```

SDE Race

```
["Patient Characteristic Race": "Race"]
```

SDE Sex

```
["Patient Characteristic Sex": "ONC Administrative Sex"]
```

Telehealth Services

```
["Encounter, Performed": "Telephone Visits"] TelehealthEncounter
  where TelehealthEncounter.relevantPeriod during "Measurement Period"
```

Functions

Global.CalendarAgeInYearsAt(BirthDateTime DateTime, AsOf DateTime)

```
years between ToDate(BirthDateTime)and ToDate(AsOf)
```

Global.HasEnd(period Interval<DateTime>)

```
not (
  end of period is null
    or
    end of period = maximum DateTime
)
```

Global.Latest(period Interval<DateTime>)

```
if ( HasEnd(period)) then
end of period
  else start of period
```

Global.LatestOf(pointInTime DateTime, period Interval<DateTime>)

```
Latest(NormalizeInterval(pointInTime, period))
```

Global.NormalizeInterval(pointInTime DateTime, period Interval<DateTime>)

```
if pointInTime is not null then Interval[pointInTime, pointInTime]
  else if period is not null then period
  else null as Interval<DateTime>
```

Global.ToDate(Value DateTime)

```
DateTime(year from Value, month from Value, day from Value, 0, 0, 0, 0, timezoneoffset from Value)
```

Terminology

- code "Birth date" ("LOINC Code (21112-8)")
- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)")
- code "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" ("LOINC Code (71007-9)")
- valueset "Acute Inpatient" (2.16.840.1.113883.3.464.1003.101.12.1083)
- valueset "Advanced Illness" (2.16.840.1.113883.3.464.1003.110.12.1082)
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Care Services in Long-Term Residential Facility" (2.16.840.1.113883.3.464.1003.101.12.1014)
- valueset "Dementia Medications" (2.16.840.1.113883.3.464.1003.196.12.1510)
- valueset "Diabetes" (2.16.840.1.113883.3.464.1003.103.12.1001)
- valueset "Emergency Department Visit" (2.16.840.1.113883.3.464.1003.101.12.1010)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Frailty Device" (2.16.840.1.113883.3.464.1003.118.12.1300)
- valueset "Frailty Diagnosis" (2.16.840.1.113883.3.464.1003.113.12.1074)
- valueset "Frailty Encounter" (2.16.840.1.113883.3.464.1003.101.12.1088)
- valueset "Frailty Symptom" (2.16.840.1.113883.3.464.1003.113.12.1075)
- valueset "HbA1c Laboratory Test" (2.16.840.1.113883.3.464.1003.198.12.1013)
- valueset "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice care ambulatory" (2.16.840.1.113762.1.4.1108.15)
- valueset "Nonacute Inpatient" (2.16.840.1.113883.3.464.1003.101.12.1084)
- valueset "Nursing Facility Visit" (2.16.840.1.113883.3.464.1003.101.12.1012)
- valueset "Observation" (2.16.840.1.113883.3.464.1003.101.12.1086)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Outpatient" (2.16.840.1.113883.3.464.1003.101.12.1087)
- valueset "Palliative Care Encounter" (2.16.840.1.113883.3.464.1003.101.12.1090)
- valueset "Palliative Care Intervention" (2.16.840.1.113883.3.464.1003.198.12.1135)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
- valueset "Preventive Care Services - Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)
- valueset "Preventive Care Services-Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Telephone Visits" (2.16.840.1.113883.3.464.1003.101.12.1080)

Data Criteria (QDM Data Elements)

- "Assessment, Performed: Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" using "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal) (LOINC Code 71007-9)"
- "Device, Applied: Frailty Device" using "Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)"
- "Device, Order: Frailty Device" using "Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)"
- "Diagnosis: Diabetes" using "Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)"
- "Diagnosis: Frailty Diagnosis" using "Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)"
- "Encounter, Performed: Acute Inpatient" using "Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Care Services in Long-Term Residential Facility" using "Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014)"
- "Encounter, Performed: Emergency Department Visit" using "Emergency Department Visit (2.16.840.1.113883.3.464.1003.101.12.1010)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Frailty Encounter" using "Frailty Encounter (2.16.840.1.113883.3.464.1003.101.12.1088)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Nonacute Inpatient" using "Nonacute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1084)"
- "Encounter, Performed: Nursing Facility Visit" using "Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012)"
- "Encounter, Performed: Observation" using "Observation (2.16.840.1.113883.3.464.1003.101.12.1086)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Outpatient" using "Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087)"
- "Encounter, Performed: Palliative Care Encounter" using "Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)"
- "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up" using "Preventive Care Services - Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up" using "Preventive Care Services-Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Encounter, Performed: Telephone Visits" using "Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)"
- "Intervention, Order: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Intervention, Performed: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Intervention, Performed: Palliative Care Intervention" using "Palliative Care Intervention (2.16.840.1.113883.3.464.1003.198.12.1135)"
- "Laboratory Test, Performed: HbA1c Laboratory Test" using "HbA1c Laboratory Test (2.16.840.1.113883.3.464.1003.198.12.1013)"
- "Medication, Active: Dementia Medications" using "Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510)"
- "Patient Characteristic Birthdate: Birth date" using "Birth date (LOINC Code 21112-8)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"

- "Patient Characteristic Payer: Payer" using "Payer (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"
- "Symptom: Frailty Symptom" using "Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)"

Supplemental Data Elements

SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

SDE Payer

["Patient Characteristic Payer": "Payer"]

SDE Race

["Patient Characteristic Race": "Race"]

SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Risk Adjustment Variables

None

Measure Set	None