

Non-QPP Measures

Measure ID	Domain	Measure Title	Measure Description/Definition	Numerator	Denominator	Denominator Exclusions	Denominator Exceptions	Risk-adjustment
AQUA3 (inverse)	Efficiency and Cost Reduction	Cryptorchidism: Inappropriate use of scrotal/groin ultrasound on boys	Percentage of patients (boys) =< 18 yrs. of age newly diagnosed with undescended testis or retractile testis with an order for ultrasound (scrotal or groin) placed.	Number of patients (boys) =< 18 yrs. of age newly diagnosed with undescended testis or retractile testis with a scrotal or groin ultrasound order placed	Number of patients (boys) =< 18 yrs. of age newly diagnosed with undescended testis or retractile testis	None	1) Boys with hypospadias or other findings concerning for disorder of sexual differentiation; 2) Boys with bilateral nonpalpable testes; 3) Relative exclusion – obese/overweight boys with nonpalpable testis may benefit from ultrasound to identify an inguinal testis; 4) clinical concern of torsion of undescended testis, or to differentiate UDT from incarcerated hernia or other acute scrotal/inguinal process	No
AQUA8	Patient safety	Hospital re-admissions / complications within 30 days of TRUS Biopsy	Percentage of patients who had TRUS biopsy performed who had ≥24h after the biopsy): infection, hematuria, new antibiotic Rx after biopsy, or inpatient consultation within 30 days	Number of patients with a TRUS biopsy performed that had infection, hematuria, new antibiotic Rx after biopsy, or inpatient consultation within 30 days	Number of patients with a TRUS biopsy performed	None	None	No
AQUA12	Person & Caregiver-Centered Experience Outcomes	Benign Prostate Hyperplasia: IPSS improvement after diagnosis	Percentage of patients with NEW diagnosis of clinically significant BPH who had IPSS (international prostate symptoms score) or AUASS (American urological association symptom score) improvement by ≥20%.	Number of patients with a new diagnosis of benign prostatic hyperplasia (BPH) with a baseline IPSS/AUASS ≥8 (defining at least "moderate" symptoms) who are documented to have an improvement (decrease) in IPSS/AUASS by at least 20% within 12 months of diagnosis.	Number of patients with a new diagnosis of benign prostatic hyperplasia (BPH) and baseline IPSS / AUASS ≥8.	IPSS <8	None	No
AQUA13	Effective Clinical Care	Stress Urinary Incontinence (SUI): Revision surgery within 12 months of incontinence procedure	Percentage of women who undergo surgery for stress incontinence who require revision surgery within 12 months	Women undergoing revision surgery within 12 months of primary surgery	Women undergoing incontinence surgery (one of 8 classes of procedure defined by CPT codes)	None	None	Yes
AQUA14 (inverse)	Efficiency and Cost Reduction	Stones: Repeat Shock Wave Lithotripsy (SWL) within 6 months of treatment	Percentage of patients who underwent endoscopic procedures following SWL	Patients undergoing SWL twice on the ipsilateral side within 6 months	Patients undergoing SWL followed by ipsilateral SWL, ureteroscopy, or percutaneous nephrolithotomy within 6 months	None	None	Yes
AQUA15	Patient Safety	Stones: Urinalysis documented 30 days before surgical stone procedures	Percentage of patients with a documented urinalysis 30 days before surgical stone procedures	Patients with documented urinalysis within 30 days before surgery	Patients undergoing surgical stone procedures (including cystoscopy stent placement, percutaneous nephrostomy tube placement, shock wave lithotripsy, percutaneous nephrolithotomy, and ureteroscopy)	None	None	No
AQUA16	Efficiency and Cost Reduction	Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease	Percentage of patients with T1 disease, that had a second TURBT within 6 weeks of the initial TURBT	Patients with T1 disease that had a second TURBT within 6 weeks of the initial TURBT	Patients diagnosed with clinical stage T1 bladder cancer	None	Onset of systemic chemotherapy or radical cystectomy within 3 months of diagnosis	No

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AQUA17	Effective Clinical Care	Non-Muscle Invasive Bladder Cancer: Initiation of BCG within 3 months of diagnosis of high-grade T1 bladder cancer and/or CIS	Percentage of patients who initiate BCG treatment within 3 months of diagnosis of high-grade T1 bladder cancer and/or CIS	Patients starting BCG within 3 months of TURBT	Patients diagnosed with high-grade T1 bladder cancer and/or CIS	None	Onset of systemic chemotherapy or radical cystectomy within 3 months of diagnosis; prior completion of at least 6 weeks BCG	No
AQUA18	Effective Clinical Care	Non-Muscle Invasive Bladder Cancer: Early surveillance cystoscopy within 4 months of initial diagnosis	Percentage of patients who receive surveillance cystoscopy within 4 months of TURBT for bladder cancer	Patients undergoing cystoscopy within 4 months of TURBT	Patients undergoing TURBT for any bladder cancer	None	Onset of systemic chemotherapy or radical cystectomy within 3 months of diagnosis	No
AQUA19	Effective Clinical Care	Diagnosis of Type of Azoospermia and Diagnostic Testing for Obstructive Azoospermia	Percentage of patients who had minimum necessary concepts discussed as part of diagnosis of azoospermia alone, to determine possibility of obstructive versus non-obstructive azoospermia and underwent diagnostic testing for obstructive azoospermia	Patients who had documentation of minimum necessary concepts discussed as part of diagnosis of azoospermia alone, to determine possibility of obstructive vs non obstructive azoospermia and received proper diagnostic testing for obstructive azoospermia. Discussion must include: Normal testicular size, Normal FSH (<8), Normal semen volume and pH, AND Missing vas/beaded vas AND TESTING MUST INCLUDE: FSH AND Semen analysis volume and pH AND Genetic testing AND (one of the following): Open diagnostic testicular biopsies (unilateral) OR Open diagnostic testicular biopsy (bilateral) OR Needle diagnostic testicular aspiration (bilateral) OR Needle diagnostic testicular aspiration (unilateral) OR Biopsy gun diagnostic testicular biopsy (bilateral) OR Biopsy gun diagnostic testicular biopsy (unilateral) OR Epididymal aspiration (unilateral or bilateral)	All patients with azoospermia	Patients with CF mutation and an absent vas	None	No
AQUA20	Effective Clinical Care	Genetic Testing of the Azoospermic Male	Percentage of patients with non-obstructive azoospermia due to primary testis failure who were offered genetic testing	Patients who were offered genetic testing (karyotype AND y-chromosome microdeletion)	All patients with non-obstructive azoospermia due to testis failure	Documentation of medical reason(s) for not offering genetic testing. Documentation of patient reason(s) for not offering genetic testing	None	No

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AQUA21	Effective Clinical Care	Appropriate Management of Obstructive Azoospermia	Percentage of obstructive azoospermia patients managed appropriately	Patients who were managed by one of the following: Diagnostic biopsy/aspiration alone (only) and refer to male reproductive specialist OR Diagnostic testicular or epididymal aspiration with cryopreservation for IVF use OR Diagnostic testicular biopsy (needle or open) with cryopreservation for IVF use OR Vasal or vaso-epididymal reconstruction when appropriate (ie not CBAVD) OR TURED OR Discuss reconstruction/corrective (ie 4 and 5) vs aspiration/biopsy and cryo for IVF (ie 2 and 3)	All patients with obstructive azoospermia	None	None	No
AQUA22	Effective Clinical Care	Bone imaging and soft tissue imaging at the time of diagnosis of metastatic CRPC	Percentage of patients who receive bone imaging and soft tissue imaging at the time of diagnosis of metastatic CRPC	Patients receiving bone imaging and soft tissue imaging concurrent with diagnosis of metastatic CRPC	Patients with metastatic CRPC	None	None	No
AQUA23	Effective Clinical Care	Blood work for patients receiving abiraterone	Percentage of patients receiving abiraterone who receive monthly blood work and serum transaminases (ALT and AST) and bilirubin levels prior to starting treatment and every two weeks for the first three months of treatment and monthly thereafter	A. Number of patients getting blood work on a monthly basis. B. Number of patients receiving abiraterone whose serum transaminases (ALT and AST) and bilirubin levels were measured prior to starting treatment. C. Number of patients tested for serum transaminases and bilirubin levels every two weeks during the first 3 months of treatment. D. Number of patients receiving abiraterone whose serum transaminases (ALT and AST) and bilirubin levels were measured monthly after month 3 of treatment. E. Overall Performance: Number of patients receiving abiraterone who receive monthly blood work and serum transaminases (ALT and AST) and bilirubin levels prior to starting treatment and every two weeks for the first three months of treatment and monthly thereafter	Patients with advanced prostate cancer on abiraterone	None	None	No
AQUA24	Effective Clinical Care	Testosterone and PSA levels checked for CRPC patients	Percentage of patients on hormonal therapy who have their testosterone and PSA levels checked before starting treatment for CRPC	Patients who have their testosterone and PSA levels checked before starting treatment for CRPC	Patients with advanced prostate cancer on hormonal therapy	None	None	No

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AQUA25	Effective Clinical Care	Use of Prednisone for CRPC patients on abiraterone	Percentage of patients who are receiving abiraterone who are also receiving prednisone	Patients receiving prednisone	Patients with advanced prostate cancer on abiraterone	None	None	No
AQUA26	Efficiency and Cost Reduction	Benign Prostate Hyperplasia Care: Benign Prostate Hyperplasia	Percentage of patients with new diagnosis of BPH who had a creatinine lab order placed or had a CT abdomen, MRI abdomen, ultrasound abdomen ordered or performed.	A. Number of patients with new diagnosis of BPH who had a creatinine lab order placed B. Number of patients with new diagnosis of BPH who had a CT abdomen, MRI abdomen, ultrasound abdomen ordered or performed C. Overall Average Performance - Number of patients with new diagnosis of BPH who had either a creatinine lab order placed or had a CT abdomen, MRI abdomen, ultrasound abdomen ordered or performed	Number of patients with a new diagnosis of benign prostatic hyperplasia(BPH)	None	Patients with known renal insufficiency (Cr >1.5 or documented in past medical history) or with documented flank pain or hematuria	No
AQUA27	Effective Clinical Care	Appropriate Testing for Vasectomy Patients	Percentage of patients where a Post Vasectomy Semen Analysis (PVSA) was ordered and confirmed sterility within 6 months of undergoing a vasectomy	Patients with an order for a PVSA 6 months after a vasectomy and confirmed sterility (fresh uncentrifuged semen sample performed)	All patients undergoing a vasectomy	None	None	No
AQUA28	Effective Clinical Care	Hypogonadism: Testosterone and hematocrit within 6 months of starting testosterone replacement	Percentage of patients with hypogonadism, starting testosterone medication (any formulation of testosterone) or rec'd testosterone injection in clinic have testosterone level ordered and hematocrit ordered/reported within 6 months of first testosterone Rx or injection	Number of patients with a diagnosis of hypogonadism receiving testosterone replacement (medication or injection) with a testosterone level test and hematocrit ordered/reported within 6 months of first testosterone Rx or injection	Number of patients with a diagnosis of hypogonadism receiving testosterone replacement (medication or injection)	None	None	No
AQUA29	Person & Caregiver-Centered Experience Outcomes	Prostate Cancer: Patient report of Urinary function after treatment	Percentage of patients who had a reported urinary function score at 12 months after treatment that is within 80% of the reported urinary function score at baseline (before treatment)	Men completing EPIC-26 urinary function domain who had a reported urinary function score within 80% of the reported urinary function score at baseline (before treatment)	All newly diagnosed prostate cancer patients	None	None	Yes
AQUA30	Person & Caregiver-Centered Experience Outcomes	Prostate Cancer: Patient report of Sexual function after treatment	Percentage of patients who had a reported sexual function score at 24 months after treatment that is within 60% of the reported sexual function score at baseline (before treatment)	Men completing EPIC-26 sexual function domain who had a reported sexual function score within 60% of the reported sexual function score at baseline (before treatment)	All newly diagnosed prostate cancer patients	None	None	Yes

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MUSIC 4	Effective Clinical Care	Prostate Cancer: Active surveillance / watchful waiting for low-risk prostate cancer	Percentage of patients with low-risk prostate cancer receiving active surveillance or watchful waiting	Number of low-risk prostate cancer patients on active surveillance or watchful waiting	Number of low-risk prostate cancer patients 30 years or older	Prostate cancer patients < 30 years of age; patients that have had prior treatment for prostate cancer	None	No
MUSIC10	Effective Clinical Care	Prostate Cancer: Confirmation Testing in low risk AS eligible patients	Percentage of low risk patients that are eligible for active surveillance who receive confirmation testing within 6 months of diagnosis	# of patients that underwent a second biopsy, MRI, or genomics test within 6 months after date of diagnosis (positive biopsy date)	# of patients aged 30 or older with new diagnosis of low and low-intermediate prostate cancer (Gleason 6 or low volume Gleason 3+4)	Prostate cancer patients < 30 years of age; Patients that have had prior treatment for prostate cancer; Patients on watchful waiting	None	No
MUSIC11	Effective Clinical Care	Prostate Cancer: Follow-Up Testing for patients on active surveillance for at least 30 months	Percentage of patients on active surveillance that have ≥ 2 tumor burden reassessments and 3 PSA tests in first 30 months since diagnosis	# of patients on active surveillance that have ≥ 2 tumor burden reassessments and 3 PSA tests in first 30 months since diagnosis	# of patients aged 30 or older with new diagnosis of low and low-intermediate prostate cancer (Gleason 6 or low volume Gleason 3+4)	Prostate cancer patients < 30 years of age; Patients that have had prior treatment for prostate cancer	None	No