

This table is dedicated to performance measures around schizophrenia and psychosis or schizophrenia or psychosis with comorbid diagnoses. These performance measures assess care affecting persons with these disorders, including *medication maintenance* (by evaluating the efficacy and side-effect rate among antipsychotics, mental health care providers can determine the best method of treatment per patient), or *social support* (examining the involvement in community or family support efforts contributes to the continuity of mental health services, reduces inpatient admissions and emergency room visits, and increases the likelihood of independent living and patient satisfaction). Currently, there are condition specific measures for physicians treating schizophrenia under development, but have yet to be formally/nationally endorsed. More detailed information about each measure maybe found on the “All Measures” Spreadsheet.

Origin	Title	Description
NQF #1879	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The measure calculates the percentage of individuals 18 years of age or greater as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC)] of at least 0.8 during the measurement period (12 consecutive months). [Please note this measure is appropriate for Health Plan Measurement only.]
NQF #1927	Cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications	The percentage of individuals 18 – 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication who received a cardiovascular health screening during the measurement year. [Please note this measure is appropriate for Health Plan Measurement only.]
CQAIMH	Treatment of Drug-Related EPS in Schizophrenia	CQAIMH
CQAIMH	Use of Atypical Antipsychotic Drugs for Schizophrenia	CQAIMH
CQAIMH	Use of Atypical Antipsychotics for Schizophrenia	
CQAIMH	Antipsychotic Drug Dosing for Inpatients with Schizophrenia	CQAIMH
CQAIMH	Antipsychotic Drug Use for Inpatients with Schizophrenia	
CQAIMH	Maintenance Antipsychotic Drug Duration for Schizophrenia	
CQAIMH	Antidepressant Dosages for Depression with Schizophrenia	CQAIMH
CQAIMH	Sub-Therapeutic Antipsychotic Dosages for Schizophrenia	
CQAIMH	Maintenance Antipsychotic Drug Dosing for Schizophrenia	
CQAIMH	Treatment of Akathisia and EPS in Schizophrenia	
CQAIMH	Treatment of Tardive Dyskinesia in Schizophrenia	
CQAIMH	Depot Antipsychotic Medication for Schizophrenia	
CQAIMH	Medication Treatment of Comorbid Anxiety in Schizophrenia	
NQF# 0552	HBIPS-4: Patients discharged on multiple antipsychotic medications	Patients discharged on multiple antipsychotic medications overall and stratified by age groups: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years). Note: this is a paired measure with HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification.
CQAIMH	Medication Treatment of Comorbid Depression in Schizophrenia	
NQF# 0560	HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification overall and stratified by age groups: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years). Note: this is a paired measure with HBIPS-4: Patients discharged on multiple antipsychotic medications.
NQF #1933	Cardiovascular monitoring for people with cardiovascular disease and	
		The percentage of individuals 18 – 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test

	schizophrenia (SMC)	during the measurement year. [Please note this measure is appropriate for Health Plan and State level measurement only.]
NQF #1934	Diabetes monitoring for people with diabetes and schizophrenia (SMD)	The percentage of individuals 18 – 64 years of age with schizophrenia and diabetes who had both and LDL-C test and an HbA1c test during the measurement year. [Please note this measure is appropriate for Health Plan and State level measurement only.]
NQF #1932	Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (SSD)	The percentage of individuals 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed any antipsychotic medication and had a diabetes screening during the measurement year. [Please note this measure is appropriate for Health Plan and State level measurement only.]
NQF #1937	Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)	The percentage of discharges for individuals 18 – 64 years of age who were hospitalized for treatment of schizophrenia and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported. <ul style="list-style-type: none"> •The percentage of individuals who received follow-up within 30 days of discharge •The percentage of individuals who received follow-up within 7 days of discharge [Please note this measure is appropriate for Health Plan and State level measurement only.]
CQAIMH	Vocational Rehabilitation for Schizophrenia	
CQAIMH	Psychotherapy Treatment for Schizophrenia	
NQMC	Schizophrenia: proportion of hospitalized patients assessed for suicide risk (documented in patient record) at discharge.	This measure is used to assess the proportion of hospitalized patients with schizophrenia assessed for suicide risk (documented in patient record) at discharge.
NQMC	Schizophrenia: proportion of patients who have sexual side effects.	This measure is used to assess the proportion of patients with schizophrenia who have sexual side effects.
CQAIMH	Treatment of Residual Symptoms in Schizophrenia	
CQAIMH	Family Treatment for Schizophrenia	
CQAIMH	PACT Utilization for Individuals with Schizophrenia	
NQMC	Schizophrenia: percent of patients with family members or caregivers who have had no contact with clinic providers during the past year.	This measure is used to assess the percent of patients with family members or caregivers (with whom they have contact at least twice a week) who have had no contact with clinical providers during the past year.
NQMC	Smoking: the percentage of patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attack (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months.	This measure is used to assess the percentage of patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attack (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months.
NQMC	Smoking: the percentage of patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attack (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months.	This measure is used to assess the percentage of patients with any or any combination of the following conditions: coronary heart disease (CHD), stroke or transient ischaemic attack (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months.

