

# PINNACLE Registry®

Unless indicated, the PINNACLE Registry® measures are endorsed by the American College of Cardiology Foundation and the American Heart Association and may be used for purposes of health care insurance payer programs or other forms of accountability. For additional information related to the metrics, refer to this website: <http://www.acc.org/guidelines/about-guidelines-and-clinical-documents>

## Performance and Quality Measures<sup>1</sup>

### *Coronary Artery Disease Measure Set*

PINNACLE ID	Measure Description	NQF Measure Number
PINN-36	<b>Lipid Control:</b> Percentage of patients aged ≥18 years with a diagnosis of coronary artery disease seen within a 12-month period who have an LDL cholesterol result <100 mg/dL, OR who have an LDL cholesterol result ≥100 mg/dL and have a documented plan of care to achieve LDL cholesterol <100 mg/dL, including, at a minimum, the prescription of a statin	N/A
PINN-100	<b>Blood Pressure Control:</b> Percentage of patients aged ≥18 years with a diagnosis of coronary artery disease seen within a 12-month period who have a blood pressure <140/90 mm Hg, OR who have a blood pressure ≥140/90 mm Hg and were prescribed ≥2 antihypertensive medications during the most recent office visit	N/A
PINN-102	<b>Symptom and Activity Assessment:</b> Percentage of patients aged ≥18 years with a diagnosis of coronary artery disease seen within a 12-month period for whom there are documented results of an evaluation of level of activity AND an evaluation of presence or absence of angina symptoms in the medical record	NQF 0065
PINN-103	<b>Symptom Management:</b> Percentage of patients aged ≥18 years with a diagnosis of coronary artery disease seen within a 12-month period and with results of an evaluation of level of activity, AND with an evaluation of presence or absence of anginal symptoms, with appropriate management of anginal symptoms (evaluation of level of activity and symptoms includes no report of angina symptoms, OR evaluation of level of activity and symptoms includes report of anginal symptoms AND a plan of care is documented to achieve control of anginal symptoms)	N/A
PINN-104	<b>Tobacco Cessation and Intervention:</b> Percentage of patients aged ≥18 years with a diagnosis of coronary artery disease seen within a 12-month period who were screened for tobacco use AND received tobacco-cessation counseling if identified as tobacco users	NQF 0028
PINN-105	<b>Antiplatelet Therapy:</b> Percentage of patients aged ≥18 years with a diagnosis of coronary artery disease seen within a 12-month period who were prescribed aspirin or clopidogrel	NQF 0067

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PINN-106	<b>Beta-blocker Therapy: Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged ≥18 years with a diagnosis of coronary artery disease seen within a 12-month period who also have prior MI or a current or prior left ventricular ejection fraction (LVEF) <40% who were prescribed beta-blocker therapy	NQF 0070
PINN-107	<b>Coronary Artery Disease (CAD):</b> Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or LVSD (LVEF <40%): Percentage of patients aged 18 years and older with a diagnosis of CAD seen within a 12-month period who also have diabetes or a current or prior LVEF <40% who were prescribed ACE inhibitor or ARB therapy	NQF 0666
PINN-108	<b>Cardiac Rehabilitation Patient Referral from an Outpatient Setting:</b> Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction, coronary artery bypass graft surgery, percutaneous coronary intervention, cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina and have not already participated in an early outpatient CR or secondary prevention program for the qualifying event/diagnosis and are referred to such a program	NQF 643
PINN-109 <sup>2</sup>	<b>Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk:</b> Percentage of patients 18-75 years of age with CAD who were offered moderate to high-intensity statin	N/A

## Heart Failure Measure Set

PINNACLE ID	Measure Description	NQF Measure Number
PINN-120	<b>Blood Pressure Control:</b> Percentage of patients aged ≥18 years with a diagnosis of hypertension seen within a 12-month period who have a blood pressure <140/90 mm Hg, OR who have a blood pressure ≥140/90 mm Hg and were prescribed ≥2 antihypertensive medications during their most recent office visit	NQF 0018
PINN-140	<b>Left Ventricular Ejection Fraction (LVEF) Assessment:</b> Percentage of patients aged ≥18 years with a diagnosis of heart failure (HF) for whom the quantitative or qualitative results of a recent or prior (any time in the past) LVEF assessment is documented within a 12-month period	NQF 0079
PINN-141	<b>Symptom and Activity Assessment:</b> Percentage of patient visits for those patients aged ≥18 years with a diagnosis of HF with quantitative results of an evaluation of both current level of activity and clinical symptoms Documented	NQF 2450

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PINN-142	<b>Symptom Management:</b> Percentage of patient visits for those patients aged ≥18 years with a diagnosis of HF and with quantitative results of an evaluation of both level of activity AND clinical symptoms documented in which patient symptoms have improved or remained consistent with treatment goals since last assessment OR patient symptoms have demonstrated clinically important deterioration since last assessment with a documented plan of care	N/A
PINN-143	<b>Patient Self-care Education:</b> Percentage of patients aged ≥18 years with a diagnosis of HF who were provided with self-care education on ≥3 elements of education during ≥1 visit within a 12-month period	NQF 0082
PINN-144	<b>Beta-blocker Therapy for Left Ventricular Systolic Dysfunction:</b> Percentage of patients aged ≥18 years with a diagnosis of HF with a current or prior LVEF of <40% who were prescribed beta-blocker therapy with bisoprolol, carvedilol, or sustained-release metoprolol succinate either within a 12-month period when seen in the outpatient setting or at hospital discharge	NQF 0083
PINN-145	<b>ACE Inhibitor or ARB therapy for Left Ventricular Systolic Dysfunction:</b> Percentage of patients aged ≥18 years with a diagnosis of HF with a current or prior LVEF of <40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting or at hospital discharge	NQF 0081
PINN-146 <sup>3</sup>	<b>Counseling about ICD implantation for Patients with Left Ventricular Systolic Dysfunction Combination Medical Therapy:</b> Percentage of patients aged ≥18 years with a diagnosis of HF with current LVEF ≤35% despite ACE inhibitor/ARB and beta-blocker therapy for at least 3 months who were counseled about ICD implantation as a treatment option for the prophylaxis of sudden death	N/A
PINN-147 <sup>4</sup>	<b>Etiology of Diagnosis:</b> Percentage of patients aged ≥18 years with a diagnosis of HF for whom the qualitative etiology of HF has been identified and documented within a 12-month period when seen in the outpatient setting	N/A
PINN-148 <sup>4</sup>	<b>Serum Electrolyte Level Assessment:</b> Percentage of patients aged ≥18 years with a diagnosis of HF for whom laboratory evaluation of serum sodium and potassium levels have been ordered and qualitative results documented within a 12-month period when seen in the outpatient setting	N/A
PINN-149 <sup>4</sup>	<b>Natriuretic Peptide Biomarker Assessment:</b> Percentage of patients aged ≥18 years for whom laboratory evaluation of B-type Natriuretic Peptide (BNP) or N-terminal pro-B-type Natriuretic Peptide (NT-proBNP) have been ordered and quantitative results documented within a 12-month period when seen in the outpatient setting	N/A
PINN-150-1 <sup>4</sup>	<b>ACE Inhibitor, ARB or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction:</b> Percentage of patients aged ≥18 years with a diagnosis of HF with a current or prior LVEF ≤40% who were prescribed either an ACE inhibitor, ARB or ARNI (valsartan/sacubitril) therapy within a 12-month period when seen in the outpatient setting	N/A

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PINN-150-2 <sup>4</sup>	<b>ARNI Therapy for Left Ventricular Systolic Dysfunction in NYHA Class II or III HF:</b> Percentage of patients aged ≥18 years with a diagnosis of NYHA Class II or III HF with a current or prior LVEF ≤40% who were prescribed ARNI (valsartan/sacubitril) therapy within a 12-month period when seen in the outpatient setting	N/A
PINN-151 <sup>4</sup>	<b>Hydralazine and Isosorbide Dinitrate Therapy for African Americans with Left Ventricular Systolic Dysfunction:</b> Percentage of African American patients aged ≥18 years with a diagnosis of NYHA class III OR IV HF, with a current or prior LVEF ≤40% and receiving optimal therapy with ACE inhibitors and beta blockers, who were prescribed a combination of Hydralazine and Isosorbide Dinitrate within a 12-month period when seen in the outpatient setting	N/A

## *Atrial Fibrillation Measure Set*

PINNACLE ID	Measure Description	NQF Measure Number
PINN-160	<b>Assessment of Thromboembolic Risk Factors (CHADS2):</b> Percentage of patients aged ≥18 years with non-valvular atrial fibrillation (AF) or atrial flutter in whom assessment of thromboembolic risk factors using the CHADS2 risk criteria has been documented	N/A
PINN-161	<b>Chronic Anticoagulation Therapy:</b> Percentage of patients aged ≥18 years with non-valvular AF or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification, who were prescribed warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism	NQF 1525

## *Peripheral Artery Disease Measure Set*

PINNACLE ID	Measure Description	NQF Measure Number
PINN-170	<b>Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk:</b> Percentage of patients 18-75 years of age with CAD who were offered moderate to high-intensity statin	N/A

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## Cross Cutting Measure Set

PINNACLE ID	Measure Description	NQF Measure Number
PINN-114 <sup>5</sup>	<b>Advance Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	NQF 0326

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<sup>1</sup> The ACC/AHA Task Force on Performance Measures distinguishes quality measures from performance measures. Quality measures (highlighted blue) are metrics that may be useful for local quality improvement but are not yet appropriate for public reporting or pay-for-performance programs (i.e., contexts in which performance measures are used). New measures are initially evaluated for potential inclusion as performance measures. In some cases, a measure is insufficiently supported by the guidelines. In other instances, when the guidelines support a measure, the writing committee may decide it is necessary to have the measure tested to identify the consequences of measure implementation. Quality measures may then be promoted to the status of performance measures as supporting evidence becomes available.

<sup>2</sup> This measure has been developed by ACC/AHA

<sup>3</sup> This measure has been developed by ACC/AHA/PCPI

<sup>4</sup> TEST Metric developed by ACC

<sup>5</sup> This measure has been developed by NCQA/PCPI