Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions
ABFM1	All Patients Who Die an Expected Death with an ICD that Has Been Deactivated	Percentage of adult 18 and older patients in any care setting who die an expected death from cancer or other terminal illness and who have an implantable cardioverter-defibrillator (ICD) in place at the time of death that was deactivated prior to death or there is documentation why it was not deactivated	Patients who died an expected death who have an ICD in place	Patients who have their ICDs deactivated prior to death or have documentation of why this was not done	NONE	NONE	NONE
ABFM2	Patients Admitted to ICU who Have Care Preferences Documented	Percentage of adult 18 and older patients admitted to ICU who receive palliative care and survive at least 2 days who have their care preferences documented within 2 days OR documentation as to why this was not done.	All adults 18 and older admitted to ICU who receive a palliative care consult who survive at least 2 days after the palliative care consult.	Patients in the denominator who had their care preferences documented within 2 days of ICU palliative care initial visit or have documentation of why this was not done	NONE	NONE	NONE
ABFM3	Patients Treated with an Opioid Who Are Given a Bowel Regimen	Percentage of adults 18 and older treated with an opioid that are offered/prescribed a bowel regimen during the same visit or documentation of reason for why this was not needed	All adults 18 and older who are prescribed long-acting or regular use of short-acting opioids	Patients where a bowel regimen was offered/prescribed, or documentation as to why this was not needed	NONE	NONE	NONE
ABFM4	Palliative Care – Spiritual Assessment	Percentage of adult patients 18 and older and/or their caregiver receiving a palliative care visit with documentation of a discussion of spiritual/religious concerns or documentation that the they did not want to discuss during the first three visits	Adult patients receiving a palliative care visit	Patients with documentation of spiritual/religious concerns or documentation that the patient/family did not want to discuss by the third palliative care encounter	NONE	NONE	NONE
ABFM5	Palliative Care—Treatment Preferences	The percentage of adult patients 18 and older with documentation of preferences for life-sustaining treatments within the first three visits	Adult patients 18 and older receiving an initial palliative care evaluation in all settings.	Patients who have documentation of preferences for life-sustaining treatments within the first three visits	NONE	NONE	NONE
ABFM6	Palliative Care Timely Dyspnea Screening & Treatment	Percentage of palliative care adult patients 18 years and older who were screened for dyspnea during the initial palliative care encounter or documentation that a screening was attempted AND for those with moderate/severe dyspnea or who are uncomfortable due to dyspnea who receive treatment within 1 day of screening.	Adult patients 18 and older who report moderate/severe or uncomfortable dyspnea during dyspnea screening on any palliative care visit	Patients who screened for dyspnea and if positive for dyspnea received treatment within 1 day of screening	Patient who cannot self-report	Patient who cannot self-report	NONE

Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions
ABFM7	Pain Brought Under Control within the first three visits	Percent of patients 18 and older who report being uncomfortable because of pain at the initial palliative care assessment who report pain was brought to a comfortable level (e.g. “Comfortable? Yes/No”, “mild” or pain score < 4) within the first three visits	Patients aged 18 and older receiving palliative care services who communicated and self-reportd that they had moderate/severe pain at the initial assessment	Patients whose pain was brought to a comfortable level (answered “comfortable”, qualitatively “mild” or numerical pain score <4) within the first three visits	Patients who cannot self-report	Patients who cannot self-report	NONE
ABFM8	Measuring the Value-Functions of Primary Care: Provider Level Continuity Measure	Bice-Boxerman Continuity of Care Primary Care Physician Measure (BB-COC-PC). At a patient-level, BB-COC is a measure that considers the dispersion of primary care visits across providers, such that patients with higher scores have most of their primary care visits to the same provider or a small number of providers while those lower scores see a larger number providers. Formally, an individual BB-COC score is calculated as follows: BB-COC=(∑_(i=1)^k n_i^2 -N)/(N(N-1)) (1) where k is the number of providers, n_i is the number of visits to provider i, and N is the total number of visits. (Note that it is necessary that the patient has at least two visits.) We will calculate the physician-level continuity measure for all patients as follows: BB-COC-PC=(∑_1^k ((BB-COC)(n_k)))/(N*(n_k)) (2) Where BB-COC is the individual patient continuity score, n is number of total primary care visits for patient k during the study period, and N is the total number of patients seen by the physicians during the study period. This approach gives greater weight to patients with more visits.	The denominator in equation (2) is the number of patients cared for by a primary care physician, weighted by the number of primary care visits. The main measure includes ALL patients from the PCP. We will also develop measures restricted to 1) patients with multiple chronic conditions, and 2) high frequency patients (see below).	The numerator in equation (2) is the weighted sum of the BB-COC scores of patients (with 2 or more visits) cared for a primary care physician. Each patients score is weighted by the number of primary care visits to give greater weight to patients with more visits.	For our primary analysis, we will restrict our sample of PCPs to those that have a “stable” practice. Specifically, we will exclude PCPs with 1) fewer than two years of post-residency practice, 2) physicians who have started a new job in the past two years, and 3) physicians practicing in multiple locations. In additional analyses, we will examine these excluded physicians, given that we would expect them to have poorer continuity scores.	NONE	NONE