

Use this table to help you assess your performance before and after using any of the HF Practice Solutions.

HF Measure PINN Measure #	Pre-Assessment = Identify where you have the greatest opportunity for improvement	Tool Implemented = Tool you used to help you improve upon this measure (check all that apply)	Post-Assessment = Compare your new performance rate to your previous one
1. HF Symptom and Activity Assessment PINN Measure # 58	Your Most Recent Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)	<input type="checkbox"/> Practice Highlights – Symptom & Activity Assessment	Your New Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)
2. HF LV EF Assessment PINN Measure # 38	Your Most Recent Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)	<input type="checkbox"/> Practice Highlights – LV EF Assessment	Your New Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)
3. HF with LVSD: ACE/ARB Therapy PINN Measure # 49	Your Most Recent Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)	<input type="checkbox"/> ACE/ARB and Beta Blocker Medication Table <input type="checkbox"/> Practice Highlights – ACE/ARB Therapy	Your New Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)
4. HF with LVSD: Beta Blocker Therapy PINN Measure # 78	Your Most Recent Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)	<input type="checkbox"/> ACE/ARB and Beta Blocker Medication Table <input type="checkbox"/> Practice Highlights – Beta Blocker Therapy	Your New Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)
5. HF Patient Self-care Education PINN Measure # 46	Your Most Recent Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)	<input type="checkbox"/> Patient Education Tip Sheet <input type="checkbox"/> Patient Self-care Plan plus Tracker	Your New Performance Rate _____ Date _____ Data Source _____ (eg, PINNACLE Registry, CPIP, EHR reports, claims data)