

IHA YEAR 3 P4P INFORMATION TECHNOLOGY DOMAIN

PROCESS: If your Provider Organization has signed up to participate in the 2005 Measurement Year IT Domain you will receive information from Diversified Data Design Corp (DDD) on how and when to complete the survey. The following describes the measures.

Measure One

Integration of clinical electronic data sets for population-based management
The organization uses electronic systems to manage important aspects of patient care. The organization has readily accessible clinical information and uses it to measure and improve patient care.

ELEMENT 1: TYPES OF PATIENT CLINICAL DATA

Background Information - No Score for Element 1

As of 12/31/05, the organization uses the following patient-specific clinical data in electronic form. For each item, you will enter the percentage of managed care lives for which you use electronic patient specific data (0-100%):

1. Visits / Claims _____%
2. Laboratory Claims or Results _____%
3. Prescriptions ordered and/or filled _____%
4. Inpatient stays or ER visits _____%
5. Radiology Claims or Findings _____%
6. Clinical Findings (e.g., BMI, blood pressure, tobacco use, substance abuse, or other findings relevant to clinical guidelines) _____%

ELEMENT 2: USE OF PATIENT CLINICAL DATA

As of 12/31/05, the organization electronically integrates at least two categories of patient clinical information from any of the multiple sources referenced above and reports using any of the qualifying activities listed below to practice sites or individual physicians. If you produce any of these items, you will check the appropriate box or boxes below and include supporting documentation for each selected category with the final materials you send to NCQA.

1. Actionable reports/Query lists from an electronic disease registry or a data warehouse that is updated at least twice a year.
2. Computerized registries updated at least twice a year.
3. Any of the four HEDIS measures below that are internally and electronically generated organization-wide that includes lab results or clinical findings: (Successful self reporting of the P4P lab result measures counts for one activity)
 - a. Cholesterol Management – LDL Level < 130
 - b. Diabetes Care – LDL Level < 130
 - c. Diabetes Care – HbA1c Poorly Controlled
 - d. Controlling High Blood Pressure

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Measure Two

Tools to support clinical decision making at point of care

The organization ensures that physicians employ electronic systems rather than manual systems to order prescriptions and tests and retrieve laboratory results.

The organization's PCPs use an electronic system or systems to improve the safety and efficiency of patient care.

USE OF DECISION SUPPORT

As of 12/31/05, the organization had at least 50% of PCPs, and/or PCPs serving at least 50% of the organization's HMO/POS members, that used electronic systems for the types of decision support below.

A. Number of PHYSICIANS in the organization: _____

B. Number of PRIMARY CARE PHYSICIANS in the organization: _____

C. Number of PCPs who use electronic systems as of 12/31/05 for:

1. E-prescribing medications _____ %
2. E-drug checks for safety and efficiency _____ %
3. E-lab results _____ %
4. Accessing electronic clinical notes (or hospital) of other physicians _____ %
5. Receiving preventive or chronic care reminders during or just prior to the patient visit _____ %
6. Accessing clinical findings such as blood pressure, BMI, tobacco use or substance abuse _____ %
7. Electronic messaging _____ %

D. Number of commercial HMO/POS patients enrolled in the organization: _____

E. Number of enrolled commercial HMO/POS patients assigned to PCPs in the organization who use electronic systems at the point of care for:

1. E-prescribing medications _____ %
2. E-drug checks for safety and efficiency _____ %
3. E-lab results _____ %
4. Accessing electronic clinical notes (or hospital) of other physicians _____ %
5. Receiving preventive or chronic care reminders during or just prior to the patient visit _____ %
6. Accessing clinical findings such as blood pressure, BMI, tobacco use or substance abuse _____ %
7. Electronic messaging _____ %

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Scoring for Year 3

The IT Investment domain counts for up to 20% of the P4P reward, scored as follows, for qualifying activities that are in place by December 31, 2005:

Measure 1 – A group can achieve a maximum of 3 qualifying activities, two of which count toward achieving 10% toward the 20% maximum for the Domain

Measure 2 – A group can achieve a maximum of 7 qualifying activities, four of which count toward achieving 20% toward the 20% maximum for the Domain

Translating qualifying activities into final results:

0% - Group does not demonstrate any functionality

5% - Group demonstrates one qualifying activity in either Measure 1 or Measure 2

10% - Group demonstrates two qualifying activities in either Measure 1 or Measure 2

15% - Group demonstrates three qualifying activities, at least one of which must be in Measure 2

20% - Group demonstrates four or more qualifying activities, at least two of which must be in Measure 2

Terms

Organization refers to the provider organization or group as a whole. Measure 1 in particular refers to activities undertaken by the organization itself, either organization-wide or on behalf of practice sites or individual physicians.

Practice site refers to one or more professionals who practice together sharing the same systems of operation, medical records and staff to provide patient care. In most cases in California, many practice sites are part of an organization.

Physician refers to an individual. Some of the activities here have the individual physician as the unit of measure.

Protected Health Information (PHI) refers to health information, including demographic information collected from an individual and created or received by a health care provider, health plan, employer or health care clearinghouse, that relates to the past, present or future physical or mental health or condition of an individual and which identifies the individual or provides information that can lead to identification.

Measure 1 Data Sources and Examples

Actionable reports/Query lists to individual physicians The organization generates reports for individual physicians that include patient-level data and prompt action. Reports may be generated from an electronic disease registry or a data warehouse that is updated at least twice a year. The information in the reports is derived from at least two of the data sets listed in Element 1.

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Examples:

A list of their patients who have been diagnosed with diabetes and who have HbA1c above 9.0. This report integrates two data sets, visits/claims data and laboratory results

A list of their patients who have been diagnosed with asthma and who have not filled a prescription for a long-acting medication in the past year. This report integrates two data sets, visits/claims data and prescription filled data

Computerized registry, data warehouse or other electronic data capability The organization keeps up-to-date patient information in a computerized registry, which is a searchable list of patient data used to assist in patient care. The organization provides to practice sites reports from the registry that include data from at least two of the data sets listed in Element 1. A practice site is an entity that uses or shares the same systems of operation, medical records and clinical/administrative staff to provide patient care.

Examples:

The organization generates for practice sites:

A list of patients diagnosed with CHF by practice site (visits) showing hospitalizations and ER visits in the past year (inpatient or ER records)

A list of all diabetic patients (visits and /or pharmacy data) with HbA1c above 9.0 (lab results)

Electronic query list of children who visited the ER for asthma and had no follow-up visit to a PCP (ER records plus visit data)

Any of the 4 specific HEDIS measures that include lab results or clinical findings in the numerator

A list of eligible patients (visit data to find patients with contraindications) missing breast cancer screening (radiology findings or claims) or cervical cancer screening (laboratory findings or claims)

Electronic query list or report for a practice site of each physician's patients with diabetes (visits and/or pharmacy data), and their clinical lab results, most recent visit (visits) and most recent pharmacy fills (1 condition, 3 data sets)

Electronic query list or report for a practice site, of all patients' most recent lab results and office visits

A list covering all a of practice's patients with hypertension (visits) and their last three blood pressure readings (clinical findings)

HEDIS Measures The organization electronically generates numerator and denominator results for any HEDIS measure that includes lab results or clinical data in the numerator (not just the presence of a lab test). This includes the following measures:

Cholesterol Management, LDL-C Level < 130

Comprehensive Diabetes Care, LDL-C Level < 130

Comprehensive Diabetes Care, HbA1c Poorly Controlled

Controlling High Blood Pressure

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Measure 2 Data Sources and Examples

Audit materials to validate responses If your organization is among the 5% selected for an audit of Measure 2, NCQA will contact you and will request additional documentation, including:

- Contact information and patient counts for physicians using any of the point-of-care tools checked in your Survey Tool
- Computerized reports or screen shots demonstrating use of the tools, including medications prescribed, automated prescription checking, laboratory results retrieved, notes of other physicians, prompts for patient care, or examples of clinical findings. All documentation must show that the technology was in use in 2005.

Explanations

Point of Care refers to electronic tools providing individual patient data, available to the clinician in the exam room or centrally located in the medical office.

Electronic prescribing For new prescriptions written, the organization's physicians use software in hand-held electronic devices, electronic medical records or other electronic modalities to order or write prescriptions.

Example:

The PCP chooses medications, strengths and frequencies from a menu and produces either a fax from the office to the pharmacy or an electronic message to the pharmacy with the prescription and an electronic signature. No handwriting of content is involved.

Electronic Drug Checks For new prescriptions written, the organization's physicians use software that:

- Identifies safer and/or more efficient medication options based on the patient's current diagnoses, allergies, other prescribed medications and/or insurer's formulary
- Describes other prescribing considerations governed by age, weight and lab results. These considerations may be generic rather than related specifically to an individual's patient data

Example:

The PCP utilizes an electronic tool that alerts him/her that the medication he/she is about to prescribe interacts with other medications; the PCP may check a medical record to determine if the patient is taking any of the other medications, or may also get the patient's medication data electronically

Electronic Lab Results The physicians have electronic, on-screen access at the point of care to actual results from lab tests ordered for the patient.

Example:

Before seeing a diabetic patient, the PCP queries and pulls up electronically the patient's last 3 HbA1c results, which were ordered by any physician in the group.

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Clinical Notes Of Other Physicians The physicians have electronic, on-screen access at the point of care to information from other clinicians' experience with the patient.

Examples:

The PCP pulls up an ER summary to review before or during a patient visit, or the PCP receives consultation reports from specialists electronically, in the patient's record or e-mail.

Patient Care Reminders The physicians receive electronic, guidelines-based reminders at the point of care that prompt them to order tests or treatment or to counsel the patient about specific subjects. Examples would be reminders that the child being seen for a cold is due for an immunization, or that the diabetic being seen should be referred for an eye exam.

Examples:

The PCP utilizes a point-of-care tool that provides a reminder that a diabetic patient in the office had an LDL reading at the last visit that was above 130, or the PCP receives any electronic reminder meeting one of the Leapfrog Recommended E-Reminder categories:

CAD:

- Aspirin and beta blocker use
- Lipid measurement/management
- ACE inhibitor after MI if evidence of systolic dysfunction

Diabetes:

- HbA1c measurement/management
- Lipid measurement/management
- Aspirin and ACE inhibitor use
- Eye examination
- Foot exams

Cerebrovascular Disease:

- Warfarin use in atrial fibrillation

CHF:

- ACE inhibitor use
- Documentation of systolic function measurement

Prevention:

- Adult immunizations (Flu, pneumonia, and Td)
- Pediatric immunizations
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening

Pregnancy Care:

- e.g., screening for Rh blood type, Hepatitis B, syphilis

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Respiratory Infections:

- Inappropriate use of antibiotics in viral upper respiratory infections (i.e., colds)
- Use of recommended antibiotics in outpatient management of pneumonia

Follow-up Care:

- 28-day follow-up of patients after discharge from the hospital with a primary hospital diagnosis of MI, CAD, CHF, atrial fibrillation, pneumonia, or diabetes

Clinical Findings Physicians access, and record online, clinical findings such as blood pressure, smoking status and advice given, substance use status, and either height and weight or BMI.

Example:

Physician views a patient's last three blood pressure readings electronically.

Electronic Messaging Physicians communicate electronically with other physicians or with patients.

Example:

Patients e-mail the physicians with questions and receive replies, or PCPs send electronic referrals to specialists and to the group for approval, and send and receive clinical information electronically.