

MY 2008 P4P Measurement Set

	Year 5 Measures: 2007 Measurement Year / 2008 Reporting Year	Year 6 Measures: 2008 Measurement Year / 2009 Reporting Year
CLINICAL DOMAIN <i>MEASURES TO BE COLLECTED, REPORTED AND RECOMMENDED FOR PAYMENT</i>	<ol style="list-style-type: none"> 1. Childhood Immunization Status w/ 24-month continuous enrollment 2. Appropriate Treatment for Children with Upper Respiratory Infection 3. Breast Cancer Screening 4. Cervical Cancer Screening 5. Chlamydia Screening in Women 6. Use of Appropriate Medication for People with Asthma 7. Diabetes Care: HbA1c Screening 8. Diabetes Care: HbA1c Poor Control 9. Cholesterol Management LDL Screening (includes Pts. w/ Cardiovascular Conditions <i>and</i> Diabetics) 10. Cholesterol Management: LDL Control <130 and <100 (includes Pts. w/ Cardiovascular Conditions <i>and</i> Diabetics) 11. Nephropathy Monitoring for Diabetic patients 12. Colorectal Cancer Screening 	<ol style="list-style-type: none"> 1. Childhood Immunization Status w/ 24-month continuous enrollment 2. Appropriate Treatment for Children with Upper Respiratory Infection 3. Breast Cancer Screening 4. Cervical Cancer Screening 5. Chlamydia Screening in Women 6. Use of Appropriate Medication for People with Asthma 7. Diabetes Care: HbA1c Screening 8. Diabetes Care: HbA1c Poor Control 9. Cholesterol Management LDL Screening (includes Pts. w/ Cardiovascular Conditions and Diabetics) 10. Cholesterol Management: LDL Control <130 and <100 (includes Pts. w/ Cardiovascular Conditions and Diabetics) 11. Nephropathy Monitoring for Diabetic patients 12. Colorectal Cancer Screening 13. Appropriate Testing for Children with Pharyngitis 14. Avoidance of Antibiotic Treatment of Adults with Acute Bronchitis 15. Use of Imaging Studies for Low Back Pain 16. Medication Monitoring (ACE/ARBs, digoxin, diuretics, anticonvulsants) 17. HbA1c Good Control 18. Potentially Avoidable Hospitalization (pending successful testing by end of 2007)
Clinical PO Encounter Threshold for reporting¹	3.5 Encounters per member per year (using same calculation as for MY 2006)	TBD Encounters per member per year (using Encounter Rate by Service Type specs)
<i>Clinical Weighting</i>	50% (20% for Improvement; 80% for Attainment)	40% (% for Improvement & % for Attainment TBD)

¹PO Encounter Threshold refers to the number of encounters pmpy required to be included in *data aggregation* and *public reporting*. For the purposes of *payment*, individual health plans may use a different encounter threshold. Please see P4P Manual for more information.

	Year 5 Measures: 2007 Measurement Year / 2008 Reporting Year	Year 6 Measures: 2008 Measurement Year / 2009 Reporting Year
PATIENT EXPERIENCE DOMAIN <i>MEASURES TO BE COLLECTED, REPORTED AND RECOMMENDED FOR PAYMENT</i>	1. Getting Appointment with a Specialist } 2. Rating of Specialist } 3. Timely Care and Service composite 4. Doctor-Patient Interaction composite 5. Care Coordination composite 6. Rating of PCP } 7. Rating of all Healthcare }	1. Getting Appointment with a Specialist } 2. Rating of Specialist } 3. Timely Care and Service composite 4. Doctor-Patient Interaction composite 5. Care Coordination composite 6. Rating of PCP } 7. Rating of all Healthcare } 8. Office Staff composite 9. Health Promotion Composite
<i>Patient Experience Weighting</i>	30% (20% for Improvement; 80% for Attainment)	25% (% for Improvement & % for Attainment TBD)
IT-ENABLED SYSTEMNESS DOMAIN <i>MEASURES TO BE COLLECTED, REPORTED AND RECOMMENDED FOR PAYMENT</i>	1. Data Integration for Population Management a. Reporting Based on Electronic Information b. Identifying Important Conditions 2. Electronic Clinical Decision Support at the Point of Care 3. Care Management a. Coordination with Practitioners b. Chronic Care Management c. Continuity of Care 4. Access and Communication a. Processes 5. Physician Measurement and Reporting	1. Data Integration for Population Management a. Reporting Based on Electronic Information b. Identifying Important Conditions 2. Electronic Clinical Decision Support at the Point of Care 3. Care Management a. Coordination with Practitioners b. Chronic Care Management c. Continuity of Care 4. Access and Communication a. Processes 5. Physician Measurement and Reporting
<i>IT-Enabled Systemness Weighting</i>	20%	15%
COORDINATED DIABETES CARE <i>MEASURES TO BE COLLECTED, REPORTED AND RECOMMENDED FOR PAYMENT</i>		1. HbA1c Screening 2. HbA1c Poor Control (>9) 3. HbA1c Good Control (<7) 4. LDL Screening 5. LDL Control <100 6. Nephropathy Monitoring 7. Diabetes Registry and related activities 8. Diabetes Care Management Program <i>(pending further clarification of standards)</i>
<i>Coordinated Diabetes Care Weighting</i>		20%

	Year 5 Measures: 2007 Measurement Year / 2008 Reporting Year	Year 6 Measures: 2008 Measurement Year / 2009 Reporting Year
EFFICIENCY DOMAIN	1. Generic Prescribing	1. Generic Prescribing
<i>Efficiency Weighting</i>	Separate from quality incentive pool	Separate from quality incentive pool
REPORTABLE NON-PAYMENT MEASURES <i>MEASURES TO BE COLLECTED AND PUBLICLY REPORTED, BUT NOT RECOMMENDED FOR PAYMENT</i>	1. Medicare Measures: <ol style="list-style-type: none"> a. Breast Cancer Screening b. Diabetes Care HbA1c Screening c. Diabetes Care HbA1c Poor Control d. Cholesterol Management LDL Screening <i>(Includes Medicare Pts. w/ Cardiovascular Conditions and Diabetics)</i> e. Cholesterol Management: LDL Control <130 and <100 <i>(Includes Medicare Pts. w/ Cardiovascular Conditions and Diabetics)</i> f. Nephropathy Monitoring for Diabetic Patients g. Colorectal Cancer Screening 	1. Medicare Measures: <ol style="list-style-type: none"> a. Breast Cancer Screening b. Diabetes Care HbA1c Screening c. Diabetes Care HbA1c Poor Control d. Cholesterol Management LDL Screening <i>(Includes Medicare Pts. w/ Cardiovascular Conditions and Diabetics)</i> e. Cholesterol Management: LDL Control <130 and <100 <i>(Includes Medicare Pts. w/ Cardiovascular Conditions and Diabetics)</i> f. Nephropathy Monitoring for Diabetic Patients g. Colorectal Cancer Screening
TRANSITION MEASURES <i>MEASURES TO BE COLLECTED BUT NOT PUBLICLY REPORTED OR RECOMMENDED FOR PAYMENT. THESE MEASURES HAVE BEEN TESTED AND APPROVED FOR ADDITION TO THE P4P MEASURE SET IN THE FOLLOWING YEAR.</i>	<ol style="list-style-type: none"> 1. Appropriate Testing for Children with Pharyngitis 2. Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis 3. Use of Imaging Studies for Low Back Pain 4. Medication Monitoring (ACE/ARBs, digoxin, diuretics, anticonvulsants) 5. HbA1c Good Control (<7) 6. Potentially Avoidable Hospitalizations – AHRQ specifications 	

	Collect in 2007 Using 2006 Data	Collect in 2008 Using 2007 Data
TESTING MEASURES <i>MEASURES TO BE COLLECTED FOR TESTING AND ANALYSIS</i>	<ol style="list-style-type: none"> 1. Appropriate Use of Rescue Inhalers – modified specification 2. Appropriate Testing for Children with Pharyngitis 3. Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis 4. Use of Imaging Studies for Low Back Pain 5. Medication Monitoring (ACE/ARBs, digoxin, diuretics, anticonvulsants) 6. HbA1c Good Control (<7) 7. Potentially Avoidable Hospitalizations – AHRQ specifications 9. Evidence-Based Cervical Cancer Screening 10. Childhood Immunizations – Hepatitis A 	<p><u>Clinical:</u></p> <ol style="list-style-type: none"> 1. Inpatient Readmissions Within 30 Days (<i>monitor NQF endorsement process</i>) 2. Depression Screening for High Risk Patients 3. Asthma Medication Ratio 4. Evidence-based Cervical Cancer Screening <p><u>Patient Experience:</u></p> <ol style="list-style-type: none"> 1. Chronic Care/Team Care Composite 2. Continuity and Coordination of Care <p><u>Systemness:</u></p> <ol style="list-style-type: none"> 1. Access and Communication Results (<i>align with DMHC standards</i>) <p><u>Efficiency:</u></p> <ol style="list-style-type: none"> 1. Overall Efficiency for Care of All Members <ol style="list-style-type: none"> a. Standardized Costs b. Actual Costs 2. Overall Efficiency for All Episodes of Care <ol style="list-style-type: none"> a. Standardized Costs b. Actual Costs 3. Efficiency in Treating Selected Clinical Areas <ol style="list-style-type: none"> a. Standardized Costs b. Actual Costs

	Develop in 2007	Develop (as needed) in 2008 for testing in 2009
DEVELOPMENT MEASURES <i>MEASURES FOR WHICH SPECIFICATIONS WILL BE DEVELOPED</i>	<ol style="list-style-type: none"> 1. Depression Management in Primary Care 2. Obesity Management 	<ol style="list-style-type: none"> 1. Blood Pressure Control 2. Optimal Care Measures 3. Cultural Competence 4. Comprehensive Measurement Tool 5. Well Child Visits 6. Adolescent Immunizations (Tdap, meningococcal, HPV) 7. Use of Combination Vaccines 8. ER Visits