

MY 2009 P4P Measurement Set

	Year 6 Measures: 2008 Measurement Year / 2009 Reporting Year	Year 7 Measures: 2009 Measurement Year / 2010 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. Cholesterol Management LDL Screening (includes Pts. w/ Cardiovascular Conditions) 8. Cholesterol Management: LDL Control <100 (includes Pts. w/ Cardiovascular Conditions) 9. Colorectal Cancer Screening 10. Appropriate Testing for Children with Pharyngitis 11. Avoidance of Antibiotic Treatment of Adults with Acute Bronchitis 12. Use of Imaging Studies for Low Back Pain 13. Medication Monitoring (ACE/ARBs, digoxin, diuretics) 	<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 <li style="color: red;">4. Cervical Cancer Screening 5. Chlamydia Screening in Women <li style="color: teal;">6. Use of Appropriate Medication for People with Asthma* 7. Cholesterol Management LDL Screening (includes Pts. w/ Cardiovascular Conditions) 8. Cholesterol Management: LDL Control <100 (includes Pts. w/ Cardiovascular Conditions) 9. Colorectal Cancer Screening 10. Appropriate Testing for Children with Pharyngitis 11. Avoidance of Antibiotic Treatment of Adults with Acute Bronchitis 12. Use of Imaging Studies for Low Back Pain 13. Medication Monitoring (ACE/ARBs, digoxin, diuretics) <li style="color: teal;">14. Asthma Medication Ratio* <li style="color: red;">15. Evidence-Based Cervical Cancer Screening
Clinical PO Encounter Threshold for reporting¹	3.75 Encounters per member per year (using Encounter Rate by Service Type specs)	4.0 Encounters per member per year (using Encounter Rate by Service Type specs)
<i>Clinical Weighting</i>	40%	40%

* Desire to replace Use of Appropriate Medication for People with Asthma with Asthma Medication Ratio, contingent on testing and finalizing nationally standardized specifications by September 1, 2009.

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.

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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 } 8. Office Staff composite 9. Health Promotion composite	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>	25%	20%
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>	15%	20%
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 (<8) 4. LDL Screening 5. LDL Control <100 6. Nephropathy Monitoring 7. Diabetes Registry and related activities 8. Diabetes Care Management Program	1. HbA1c Screening 2. HbA1c Poor Control (>9) 3. HbA1c Control (<8) 4. LDL Screening 5. LDL Control <100 6. Nephropathy Monitoring 7. Diabetes Registry and related activities a. Blood pressure in registry b. Actionable reports to MDs c. Individual MD measurement 8. Diabetes Care Management Program
<i>Coordinated Diabetes Care Weighting</i>	20%	20%

	Year 6 Measures: 2008 Measurement Year / 2009 Reporting Year	Year 7 Measures: 2009 Measurement Year / 2010 Reporting Year
EFFICIENCY DOMAIN	1. Generic Prescribing	See Appropriate Resource Use Domain below
<i>Efficiency Weighting</i>	Separate from quality incentive pool	
APPROPRIATE RESOURCE USE DOMAIN		<ul style="list-style-type: none"> 1. Inpatient Utilization—Acute Care Discharges 2. Inpatient Utilization—Bed Days 3. Outpatient Surgeries Utilization—% Done in ASC 4. Emergency Department Visits 5. Inpatient Readmissions within 30 Days 6. Generic Prescribing
<i>Appropriate Resource Use Weighting</i>		Standard gain-sharing arrangement in development
REPORTABLE NON-PAYMENT MEASURES <i>MEASURES TO BE COLLECTED AND PUBLICLY REPORTED, BUT NOT RECOMMENDED FOR PAYMENT</i>	1. Medicare Measures: <ul 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>Pts. w/ Cardiovascular Conditions and Diabetics</i>) e. Cholesterol Management: LDL Control <100 (<i>Pts. w/ Cardiovascular Conditions and Diabetics</i>) f. Nephropathy Monitoring for Diabetic Patients g. Colorectal Cancer Screening 	1. Medicare Measures: <ul 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>Pts. w/ Cardiovascular Conditions and Diabetics</i>) e. Cholesterol Management: LDL Control <100 (<i>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>	<u>Clinical:</u> <ul style="list-style-type: none"> 1. Evidence-Based Cervical Cancer Screening 2. HbA1c Control (<7) <u>Appropriate Resource Use Measures (will be used to establish a baseline):</u> <ul style="list-style-type: none"> 1. Inpatient Utilization—Acute Care Discharges 2. Inpatient Utilization—Bed Days 3. Outpatient Surgeries Utilization—% Done in ASC 4. Emergency Department Visits 5. Inpatient Readmissions within 30 Days 6. Generic Prescribing 	

	Year 6 Measures: 2008 Measurement Year / 2009 Reporting Year	Year 7 Measures: 2009 Measurement Year / 2010 Reporting Year
TESTING MEASURES <i>MEASURES TO BE COLLECTED FOR TESTING AND ANALYSIS</i>	<ol style="list-style-type: none"> 1. Blood Pressure Control in Patients with Diabetes 2. Optimal Diabetes Care <ol style="list-style-type: none"> a. HbA1c < 8 b. Blood Pressure <140/90 c. LDL <100 3. Adolescent Immunizations (Tdap, meningococcal) 	TBD