

## Appendix B

### **Inventory of Performance Measures in Current Use for Pay-for-Performance Programs**

Note: We would like an opportunity to update this inventory as more information becomes available. In particular, we are seeking unpublished information about measures used by for-profit health plans outside of Minnesota.

#### 1) Introduction

This inventory builds on the quality measures inventory from Task 1. This identifies the subset of quality measures that are in use for pay-for performance programs that are currently being implemented for physicians and hospitals in Minnesota and for a prominent national example of a community-wide pay-for-performance program, the Integrated Health Care Association (IHA) program in California, one of the oldest and largest examples of a community-wide health plan sponsored pay-for-performance program in US.

#### Physicians

Physicians in Minnesota are currently or will soon be participating in a number of pay-for-performance programs. The Minnesota Medical Association (MMA) conducts an annual survey of measures used in Minnesota's P4P programs. These programs include:

- Health plan sponsored programs
- Bridges to excellence, supported by MN Community Measurement

In addition, the recently implemented Medicare Physician Quality Reporting Initiative (PQRI) will further expand physician pay-for-performance in Minnesota.

#### Hospitals

The Medicare Hospital Compare program is the most well established hospital pay-for-performance program in Minnesota. In addition, while in the research and evaluation stage, the state is in the vanguard of development of pay-for-performance initiatives for rural hospitals. There is also at least one example of state health plan sponsored hospital pay-for-performance program.

- 2) Physician Pay-for-Performance Measures - The Minnesota Medical Association's annual survey of pay-for-performance measures being used in Minnesota is compared first with the measures being used by IHA and next with the Medicare PQRI measures.

## IHA measures compared with Minnesota Measures

The Integrated Healthcare Association (IHA) is a statewide leadership group that promotes quality improvement, accountability, and affordability of health care in California. IHA membership includes major health plans, physician groups, and hospital systems, plus academic, consumer, purchaser, pharmaceutical and technology representatives. The IHA's principal projects include pay-for-performance, medical technology assessment and purchasing, the measurement and reward of efficiency in health care, and prevention programs directed at obesity<sup>1</sup>.

Below is the IHA P4P measurement set approved by the P4P Steering Committee for the 2008/2009 reporting year. The items highlighted in red are those measures that are not currently included on the MMA's P4P matrix:

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<sup>1</sup> Reference: <http://www.iha.org/index.html>.

California's IHA Project

	<p><b>Year 6 Measures: 2008 Measurement Year / 2009 Reporting Year</b></p>
<p><b>Clinical Domain</b> <i>Measures to be collected, reported and recommended for payment</i></p>	<ol style="list-style-type: none"> <li>1. Childhood Immunization Status w/ 24-month continuous enrollment</li> <li>2. Appropriate Treatment for Children with Upper Respiratory Infection</li> <li>3. Breast Cancer Screening</li> <li>4. Cervical Cancer Screening</li> <li>5. Chlamydia Screening in Women</li> <li>6. Use of Appropriate Medication for People with Asthma</li> <li>9. Cholesterol Management LDL Screening (includes Pts. w/ Cardiovascular Conditions)</li> <li>10. Cholesterol Management: LDL Control &lt;100 (includes Pts. w/ Cardiovascular Conditions)</li> <li>12. Colorectal Cancer Screening</li> <li>13. Appropriate Testing for Children with Pharyngitis</li> <li>14. Avoidance of Antibiotic Treatment of Adults with Acute Bronchitis</li> <li>15. Use of Imaging Studies for Low Back Pain</li> <li>16. Medication Monitoring (ACE/ARBs, digoxin, diuretics)</li> </ol>
<p><u>Clinical PO Encounter</u></p>	<p><b>3.75</b> Encounters per member per year (using Encounter Rate by Service Type specs)</p>
<p><i>Clinical Weighting</i></p>	<p style="text-align: right;">40%</p>
<p><b>Patient Experience</b> <i>Measures to be collected, reported and recommended for payment</i></p>	<ol style="list-style-type: none"> <li>1. Getting Appointment with a Specialist</li> <li>2. Rating of Specialist</li> <li>3. Timely Care and Service composite</li> <li>4. Doctor-Patient Interaction composite</li> <li>5. Care Coordination composite</li> <li>6. Rating of PCP</li> <li>7. Rating of all Healthcare</li> <li>8. Office Staff composite</li> <li>9. Health Promotion composite</li> </ol>
<p><i>Patient Experience Weighting</i></p>	<p>(20% for Improvement; 80% for Attainment) <span style="float: right;">25%</span></p>

<b>IT-Enabled Systemness</b> <i>Measures to be collected, reported and recommended for payment</i>	1. Data Integration for Population Management <ol style="list-style-type: none"> <li>a. Reporting Based on Electronic Information</li> <li>b. Identifying Important Conditions</li> </ol> 2. Electronic Clinical Decision Support at the Point of Care 3. Care Management <ol style="list-style-type: none"> <li>a. Coordination with Practitioners</li> <li>b. Chronic Care Management <ol style="list-style-type: none"> <li>c. Continuity of Care</li> </ol> </li> </ol> 4. Access and Communication <ol style="list-style-type: none"> <li>a. Processes</li> </ol> 5. Physician Measurement and Reporting
<i>Weighting</i>	15%
<b>Coordinated Diabetes Care</b> <i>Measures to be collected, reported and recommended for payment</i>	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 8. Diabetes Care Management Program
<i>Weighting</i>	20%
<b>Efficiency Domain</b>	Generic Prescribing
<i>Efficiency Weighting</i>	Separate from quality incentive pool
<b>Reportable Non-Payment Measures</b> <i>Measures to be Collected and Publicly Reported, but not recommended for Payment</i>	1. Medicare Measures: <ol style="list-style-type: none"> <li>a. Breast Cancer Screening</li> <li>b. Diabetes Care HbA1c Screening</li> <li>c. Diabetes Care HbA1c Poor Control</li> <li>d. Cholesterol Management LDL Screening <i>(Includes Medicare Pts. w/ Cardiovascular Conditions)</i></li> <li>e. Cholesterol Management: LDL Control &lt;100 <i>(Includes Medicare Pts. w/ Cardiovascular Conditions)</i></li> <li>f. Nephropathy Monitoring for Diabetic Patients</li> <li>g. Colorectal Cancer Screening</li> </ol>
<b>Transition Measures</b> <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> <ol style="list-style-type: none"> <li>1. Evidence-Based Cervical Cancer Screening</li> <li>2. HbA1c Control (&lt;7)</li> </ol> <u>Appropriate Resource Use Measures (will be used to establish a baseline):</u> <ol style="list-style-type: none"> <li>1. Inpatient Utilization—Acute Care Discharges</li> <li>2. Inpatient Utilization—Bed Days</li> <li>3. Outpatient Surgeries Utilization—% Done in ASC</li> <li>4. Emergency Department Visits</li> <li>5. Inpatient Readmissions within 30 Days</li> </ol> <ol style="list-style-type: none"> <li>6. Generic Prescribing</li> </ol>
<b>Testing Measures</b> <i>Measures to be collected for Testing and Analysis</i>	<ol style="list-style-type: none"> <li>1. Blood Pressure Control in Patients with Diabetes</li> <li>2. Optimal Diabetes Care <ol style="list-style-type: none"> <li>a. HbA1c &lt; 8</li> <li>b. Blood Pressure &lt;140/90</li> <li>c. LDL &lt;100</li> </ol> </li> <li>3. Adolescent Immunizations (Tdap, meningococcal)</li> </ol>

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<sup>2</sup> Items in red are not located on the MMA matrix.

Minnesota P4P measures compared with CMS's PQRI measures. (Those measures listed in red represent the measures indicated in the PQRI, but **not** in the MMA matrix<sup>3</sup>).

## Medicare Physician Quality Reporting Initiative (PQRI)

The 2006 Tax Relief and Health Care Act (TRHCA) (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals (EPs) who satisfactorily report data on quality measures for covered services furnished to Medicare beneficiaries during the second half of 2007 (the 2007 reporting period). CMS named this program the Physician Quality Reporting Initiative (PQRI)<sup>4</sup>. The payment is based on increasing the % annual update to the physician's Medicare fee schedule

### 2009 PQRI Measures List

12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain

12-Lead Electrocardiogram (ECG) Performed for Syncope

Acute Otitis Externa (AOE): Pain Assessment

Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

Acute Otitis Externa (AOE): Topical Therapy

Advance Care Plan

Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement

Age-Related Macular Degeneration (AMD): Dilated Macular Examination

#### **AMA-PCPI**

Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use

**Appropriate Testing for Children with Pharyngitis**

**Aspirin at Arrival for Acute Myocardial Infarction (AMI)**

Asthma: Asthma Assessment

Asthma: Pharmacologic Therapy

Back Pain: Advice Against Bed Rest

Back Pain: Advice for Normal Activities

Back Pain: Initial Visit

Back Pain: Physical Exam

Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

**Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement**

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<sup>3</sup> This comparison is a quick reference and has not been tested for detailed matching of numerators/denominators.

<sup>4</sup> Reference: [http://www.cms.hhs.gov/PQRI/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage)

Chronic Kidney Disease (CKD): Blood Pressure Management

Chronic Kidney Disease (CKD): Influenza Immunization

Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)

Chronic Kidney Disease (CKD): Plan of Care – Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)

Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula

Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy

Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation

Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

Community-Acquired Pneumonia (CAP): Assessment of Mental Status

Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

Community-Acquired Pneumonia (CAP): Empiric Antibiotic

Community-Acquired Pneumonia (CAP): Vital Signs

Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge

Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge

Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate

Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling

Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency

Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery

Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation)

Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA)

Coronary Artery Bypass Graft (CABG): Surgical Re-exploration

Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery

Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LSD)

Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD

Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation

Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear

Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient

Diabetes Mellitus: Foot Exam

Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus

Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus

Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus

Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients

Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care  
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Documentation and Verification of Current Medications in the Medical Record

Elder Maltreatment Screen and Follow-Up Plan

End Stage Renal Disease (ESRD): Influenza Immunization in Patients with ESRD

End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients

End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis

Endarterectomy: Use of Patch During Conventional Endarterectomy

Falls: Plan of Care

Falls: Risk Assessment

Functional Outcome Assessment in Chiropractic Care

Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)

Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula

Hepatitis C: Antiviral Treatment Prescribed

Hepatitis C: Counseling Regarding Risk of Alcohol Consumption

Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy

Hepatitis C: HCV Genotype Testing Prior to Treatment

Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment

Hepatitis C: Hepatitis A Vaccination in Patients with HCV

Hepatitis C: Hepatitis B Vaccination in Patients with HCV

Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment

Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia

HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy

HIV/AIDS: CD4+ Cell Count or CD4+ Percentage

HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy

HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD

Major Depressive Disorder (MDD): Diagnostic Evaluation

Major Depressive Disorder (MDD): Suicide Risk Assessment

Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility

Melanoma: Continuity of Care – Recall System

Melanoma: Coordination of Care

Melanoma: Follow-Up Aspects of Care

Multiple Myeloma: Treatment with Bisphosphonates

Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow

Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin

## Therapy

### Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy

Oncology: Medical and Radiation – Pain Intensity Quantified

Oncology: Medical and Radiation – Plan of Care for Pain

Oncology: Radiation Dose Limits to Normal Tissues

Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications

Osteoarthritis (OA): Function and Pain Assessment

Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture

Osteoporosis: Management Following Fracture

Osteoporosis: Pharmacologic Therapy

Otitis Media with Effusion (OME): Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility

Otitis Media with Effusion (OME): Hearing Testing

Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up

Pediatric End Stage Renal Disease (ESRD): Influenza Immunization

Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis

Percentage of patients aged 18 years and older receiving a surveillance colonoscopy and a history of colonic polyp(s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report AMA-PCPI/NCQA

Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12-month reporting period AMA-PCPI/NCQA

Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)

Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)

Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin

Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician

Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician

Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol

Preventive Care and Screening: Advising Smokers to Quit

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Preventive Care and Screening: Colorectal Cancer Screening

Preventive Care and Screening: Influenza Immunization for Patients  $\geq$  50 Years Old

Preventive Care and Screening: Inquiry Regarding Tobacco Use

Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older

Preventive Care and Screening: Screening Mammography

Preventive Care and Screening: Unhealthy Alcohol Use – Screening

Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients

Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients

Prostate Cancer: Three-Dimensional (3D) Radiotherapy

Radiology: Exposure Time Reported for Procedures Using Fluoroscopy

Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening

Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis

Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

Rheumatoid Arthritis (RA): Functional Status Assessment

Rheumatoid Arthritis (RA): Glucocorticoid Management

Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

Rheumatoid Arthritis (RA): Tuberculosis Screening

Screening for Clinical Depression and Follow-Up Plan

Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older

Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

Stroke and Stroke Rehabilitation: Carotid Imaging Reports

Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services

Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage

Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy

Stroke and Stroke Rehabilitation: Screening for Dysphagia

Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered

Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection

Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use

Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older

Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older



Minnesota measures not in the PQRI Measures. Those areas not found in the PQRI measures listed in red<sup>5</sup>:

Measure Summary	P4P Programs											
	BCBS MN 2009 program for 2009 dates of service	Bridges to Excellence 2009 for 2008 dates of service	HealthPartners Partners in Progress 2009 dates of service	HealthPartners Partners in Quality 2009 dates of service	Medica Performance-Based Incentive Program 2008 and 2009 Program DOS	Medica Choice Care Quality Improvement Program 2008 and 2009 Program/DOS	Preferred One 2009 dates of service	Ucare 2009 P4P Program 2009 dates of service	DHS Reporting requirements 2009 dates of service	QCare	MN Community Measurement 2008 dates of service	2009 CMS PQRI
1. Advanced Care Plan												X
2. Asthma - Assessment												X
3. Asthma - Pharmacology											X	X
4. Back Pain – Optimal care for acute low back pain				X								
5. Back Pain – CMS Measures Group												X
6. Back Pain – Initial Visit												X
7. Back Pain – Physical Exam												X
8. Back Pain – Advise For Normal Activity												X
9. Back Pain – Advise Against Bed Rest												X
10. Board Maintenance of Certification	X											
11. Body Mass Index (BMI) assessment - pediatrics			X									
12. Body Mass Index (BMI) and Weight Management Plan	X											X
13. Bronchitis: Avoidance of Antibiotic Treatment in Adults											X	X
14. Bronchitis/URI: Avoidance of Antibiotic treatment in Children	X											
15. Cancer – Breast Cancer Hormonal Therapy												X
16. Cancer – Breast Cancer Pathology Reporting												X
17. Cancer – Chronic Lymphocytic Leukemia Baseline Flow Cytometry												X
18. Cancer – Colon Cancer Chemotherapy for Stage III												X

<sup>5</sup> This comparison is a quick reference and has not been tested for detailed matching of numerators/denominators.











150. Patient Satisfaction/ Experience				x							x	
151. Patient shared decision making process			x									
152. Perioperative Care – CMS Measures Group												x
153. Perioperative Care – Timing of Antibiotic Prophylaxis, Ordering Physician												x
154. Perioperative Care – Selection of Prophylactic Antibiotic, First OR Second Generation Cephalosporin												x
155. Perioperative Care – Discontinuation of Prophylaxis Antibiotics (non cardiac patients)												x
156. Perioperative Care – VTE Prophylaxis When Indicated in All Patients												x
157. Perioperative Care – Timing of Prophylactic Antibiotics, Administering Physician												x
158. Perioperative Care – Discontinuation of Prophylactic Antibiotics (cardiac patients)												x
159. Pharyngitis – Appropriate Testing for Children										x		x
160. Pneumonia, ED									x			
161. Preventative Care CMS Measures Group												x
162. Preventive services and BMI assessment combo-pediatrics				x								
163. Radiology – Exposure Time Reported for Procedures Using Fluoroscopy												x
164. Radiology – Inappropriate Use of “Probably Benign” in Mammography												x
165. Radiology – Nuclear Medicine Imaging Studies for Patients Undergoing Bone Scintigraphy												x
166. Rheumatoid Arthritis CMS Measures Group												x
167. Rheumatoid Arthritis – Disease Modifying Drug Therapy												x
168. Rheumatoid Arthritis - Tuberculosis Screen												x
169. Rheumatoid Arthritis – Periodic Assessment of Disease												x
170. Rheumatoid Arthritis – Functional Status Assessment												x
171. Rheumatoid Arthritis - Classification of Disease Prognosis												x
172. Rheumatoid Arthritis - Glucocorticoid Management												x
173. Safety Composite Assessment (ambulatory care)			x									
174. Screening – Blood Lead Level			x			x		x	x		x	
175. Screening – Breast Cancer (MN Community Measurement definition)				x				x	x	x	x	x



202. Urinary Incontinence – Characterization												x
203. Urinary Incontinence – Plan of Care												x
204. Well Child Visits – Infants								x		x	Retired 2007	
205. Well child visits -0-20 years old									x			
206. Well Child Visits – 3-6 Years Old								x			Retired 2007	
207. Well Child – Adolescents								x				
208. Wound care – Use of Compression in Venous Ulcers												x

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<sup>6</sup> Measures in red are not on the PQRI matrix



### 3) Hospitals - Medicare Hospital Compare Pay for Performance Program

The Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. This section of the MMA authorized CMS to pay hospitals that successfully report designated quality measures a higher annual update to their payment rates. Initially, the MMA provided for a 0.4 percentage point reduction in the annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) update for hospitals that did not successfully report. The Deficit Reduction Act of 2005 increased that reduction to 2.0 percentage points.

In addition to giving hospitals a financial incentive to report the quality of their services, the hospital reporting program provides CMS with data to help consumers make more informed decisions about their health care. In FY 2007, nearly 95 percent of hospitals participated successfully in the reporting program and received the full market basket update for FY 2008. (Source: CMS, 2009)

The following is a list of Hospital Compare Measures.

[Acute myocardial infarction: percent of patients receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.](#)

Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003549

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[Acute myocardial infarction: percent of patients receiving PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.](#)

Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003551

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[Acute myocardial infarction: percent of patients with a history of smoking cigarettes who receive smoking cessation advice or counseling during the hospital stay.](#)

Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003545

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[Acute myocardial infarction: percent of patients with LVSD and without both ACEI and ARB contraindications who are prescribed an ACEI or ARB at hospital discharge.](#)

Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003544

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[Acute myocardial infarction: percent of patients without aspirin contraindications who are prescribed aspirin at hospital discharge.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003543

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[Acute myocardial infarction: percent of patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003542

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[Acute myocardial infarction: percent of patients without beta-blocker contraindications who are prescribed a beta-blocker at hospital discharge.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003546

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[Acute myocardial infarction: percent of patients without beta-blocker contraindications who received a beta-blocker within 24 hours after hospital arrival.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003547

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[Children's asthma care: percent of pediatric asthma inpatients who received relievers during hospitalization.](#) Joint Commission, The. 2008 Oct. NQMC:004378

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[Children's asthma care: percent of pediatric asthma inpatients who received systemic corticosteroids during hospitalization.](#) Joint Commission, The. 2008 Oct. NQMC:004379

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[Heart failure: percent of patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003555

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[Heart failure: percent of patients with a history of smoking cigarettes, who are given smoking](#)

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[cessation advice or counseling during hospital stay.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003558

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[Heart failure: percent of patients with documentation in the hospital record that LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003556

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[Heart failure: percent of patients with LVSD and without both ACEI and ARB contraindications who are prescribed an ACEI or ARB at hospital discharge.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003557

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[Pneumonia: percent of immunocompetent patients with community-acquired pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.](#) Centers for Medicare & Medicaid Services. 2007 Oct. NQMC:003566

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[Pneumonia: percent of patients age 50 years and older, hospitalized during October, November, December, January, February, or March who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003569

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[Pneumonia: percent of patients aged 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003560

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[Pneumonia: percent of patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003559

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[Pneumonia: percent of patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003565

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[Pneumonia: percent of patients whose initial emergency department blood culture was performed prior to the administration of the first hospital dose of antibiotics.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct

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