	2016 QUALITY AMBULATORY MEASURES	. 🕰					
Measure	Description	BCBS AQC/PP O	нРНС	Tufts	Fallon	Cigna	ACO
	Depression						
Acute Phase Rx May 1, 2015 - Apr 30, 2016	Ages 18 and older; All members treated with an Antidepressant and diagnosed with Major Depression remain on med for 84 days (12 wks)	Х				X	
Continuation Phase Rx May 1, 2015 - Apr 30, 2016	Ages 18 and older; All members treated with an Antidepressant and diagnosed with Major Depression remain on med for 180 days (6 mos)	X	х				
Way 1, 2010 - Apr 30, 2010	Diabetes						
HbA1c Testing	Ages 18 - 75; HbA1c tests per year; most recent HbA1c level	2X		2X	2X		
Control	7 gos 10 70; Tib/110 toolo poi your, most recent rib/110 total	< 9.0	< 8.0	< 8.0		< 8.0	
Poor Control	Ages 18-75; most recent A1c level					> 9.0	> 9.0*
Eye Exams	Ages 18 - 75; Annual Eye Screening for diabetic retinal disease by an eye care professional	х		х		X	X*
Nephropathy Screening	Ages 18 - 75; During current year: (1) Evidence of Nephropathy screening (Microalbumin test) OR (2) Evidence of Nephropathy treatment OR (3) Nephrologist visit OR (4) Evidence of ACE/ARB therapy	Х	х	х	Х	х	
Blood Pressure Control	Ages 18 - 75; Most recent Blood Pressure <140/90 mm Hg (≤ 139/89)	Х	Х				 L
ACEI or ARB	Prescribed ACEI/ARB during the measurement year					X	
Statin Compliance	Age =18, compliant with statin-containing med (minimum compliance 80%)</td <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td>					Х	
•	Cardiovascular Conditions		ı		"	"	
ACEI or ARB	Patients with CAD or CHF prescribed ACEI/ARB during the measurement year					X	
Hypertension Blood Pressure Control	Ages 18 - 85; most recent Blood Pressure <140/90 mm Hg (≤139/89)	Х	Х				Х
	Women's Preventive Screenings		ı				
Breast Cancer Screening	Ages 50 - 74; Mammography once every 2 years (within 24 months**)	Х	Х	Х		Х	Х
Cervical Cancer Screening	Cervical cytology every 3 years in women age 21 - 64 years old. Cervical cytology/HPV cotesting every 5 years in women 30 - 64 years old.	X	Х	Х			
	Ages 16 - 20; at least one (1) Chlamydia test <i>annually</i> if sexually active or Oral Contraceptive Rx	Х				Х	
Chlamydia Screening	Ages 21 -24; at least one (1) Chlamydia test per <i>annually</i> if sexually active or Oral Contraceptive Rx	Х					ł
	Preventive Screening						
Colorectal Cancer Screening	Ages 50-75; FOBT <i>annually</i> OR Flexible Sigmoidoscopy every 5 years OR Colonoscopy every 10 years (ACO received screening)	х		х			х
	Respiratory Conditions						
Adult Acute Bronchitis	Ages 18 - 64; Adults with diagnosis of Acute Bronchitis NOT treated with antibiotic	Х			X	X	
Pedi Upper Respiratory Infection (URI) Jul 1, 2015 - Jun 30, 2016	Ages 3 months - 18 years; Members with diagnosis of Upper Respiratory Infection (URI) who were NOT dispensed an antibiotic prescription	х			x	X	
Pedi Pharyngitis Jul 1, 2015 - Jun 30, 2016	Ages 2 - 18; Members with diagnosis of Pharyngitis who were dispensed an antibiotic AND received a group A streptococcus test	Х				Х	
	Ages 5-85; Ratio of controller medications to total asthma medications is 0.50 or greater	Х					
Med Mgment/Asthma	Ages 5-64; Controller med for at least 75% of treatment period Well-Visits		X				
< 15 months	Ages 0 - 15 Months; at least six (6) Well Child Visits in first 15 months of life with a PCP, PA or NP	Х				Х	
3-6 Years	Ages 3 - 6; at least one (1) Well Child Visit per year with a PCP, PA or NP	X					
Adolescent Well Care Visits	Ages 12-21; At least (1)Comprehensive Well Care Visit per year with a PCP, PA, NP, or OB/GYN	Х	Х			Χ	
	Imaging						
Imaging for Low Back Pain	Ages 18-50; Patients with uncomplicated low back pain that did not have imaging studies	Х				Х	
J J J J J J J J J J	Pharmacv						
Generic Dispensing Rate	GDR, number of days during the measurement period for which generic drugs were processed divided by number of days supply for all RX during same period					Х	

^{*}ACO Diabetes Composite Score Measures **Updated Feb 2016

2016 MEDICARE QUALITY AMBULATORY MEASURES		
Measure	Description	ACO
Influenza Immunization	Age 6 mo + seen 10/1/15 - 3/31/16 receive influenza imm OR reported receipt (previous receipt includes vaccination after 8/1/15)	
Pneumococcal Vaccination	Age >65 who have ever received a pneumococcal vaccine	Х
Tobacco Use and Assessment	Age ≥ 18 screened for tobacco use 1 + times w/in 24 mos. AND received cessation counselling IF a user	Х
Heart Failure: Beta blocker tx for LVSD	Age ≥ 18 w/ dx of HF w/current or prior LVEF < 40% prescribed beta blocker either w/ in 12 mos period when seen in OPD setting or hospital	х
Statin Therapy for Prevention and Tx of Cardiovascular Disease	% of pts-all considered at high risk of cardiovascular events-who were prescribed or were on statin therapy during the measurement period. High risk includes: Age 21 and over: with dx of atherosclerotic disease OR LDL >/=190 AND Age 40-75 diabetics with LDL 70-189	х
ACEI or ARB for CAD and DM or LVSD (LVEF<40%)	Age > 18 w/ CAD seen w/ in 12 mos period w/ DM OR current or prior LVEF < 40% on ACEI or ARB	Х
Ischemic Vascular Disease: Aspirin or other antithrombotic	Age > 18 wi/ IVD and documented aspirin or other antithrombotic use	х
Documentation of Current Meds	% of patients whose current medications were documented, updated, or reviewed during the visit.	Х
Depression Remission at 12 months	Age 18 and older with major depression or dysthymia and an initial PHQ-9 score >9 who demonstrate remission at 12 months defined as PHQ-9 score less than 5. (Includes newly diagnosed and existing depression patients whose current PHQ-9 score indicates a need for treatment.)	Х
Screening for High Blood Pressure and Follow-up Documented	% of pts > 18 screened for high blood pressure (defines screening intervals, for low & high BP)	х
Adult Weight Screening & Follow-up	% of pts > 18 w/ documented BMI in past 6 mos. OR during current visit AND if most recent BMI is outside of normal parameters, documented follow-up plan	Х
Depression Screening	Age > 12 screened for clinical depresion using an age appropriate standardized tool AND follow-up plan documented	х
Falls: Screening for Fall Risk	% of pts > 65 screened for future fall risk at least ONCE w/ in 12 mos. Screening for future fall risk must include: Documentation of whether the patient had been assessed for a history of falls or any fall with injury. Documentation of no falls is sufficient.	х