

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

**Prepared for Minnesota Department of Health by
The University of Minnesota, under contract with MN Community Measurement**

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 In particular, we are seeking unpublished information about measures used by for-profit health plans outside of Minnesota.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 obesity¹.

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:

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

California's IHA Project

**Year 6 Measures:
2008 Measurement Year /
2009 Reporting Year**

<p>Clinical Domain <i>Measures to be collected, reported and recommended for payment</i></p>	<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 9. Cholesterol Management LDL Screening (includes Pts. w/ Cardiovascular Conditions) 10. Cholesterol Management: LDL Control <100 (includes Pts. w/ Cardiovascular Conditions) 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)
<p><u>Clinical PO Encounter</u></p>	<p>3.75 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>Patient Experience <i>Measures to be collected, reported and recommended for payment</i></p>	<ol style="list-style-type: none"> 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
<p><i>Patient Experience Weighting</i></p>	<p>(20% for Improvement; 80% for Attainment) 25%</p>
<p>IT-Enabled Systemness <i>Measures to be collected, reported and recommended for payment</i></p>	<ol style="list-style-type: none"> 1. Data Integration for Population Management <ol style="list-style-type: none"> a. Reporting Based on Electronic Information b. Identifying Important Conditions 2. Electronic Clinical Decision Support at the Point of Care 3. Care Management <ol style="list-style-type: none"> a. Coordination with Practitioners b. Chronic Care Management c. Continuity of Care 4. Access and Communication <ol style="list-style-type: none"> a. Processes 5. Physician Measurement and Reporting
<p><i>Weighting</i></p>	<p style="text-align: right;">15%</p>

Coordinated Diabetes Care Measures to be collected, reported and recommended for payment	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%
Efficiency Domain	Generic Prescribing
<i>Efficiency Weighting</i>	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)</i> e. Cholesterol Management: LDL Control <100 <i>(Includes Medicare Pts. w/ Cardiovascular Conditions)</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> <ol 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> <ol 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
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)

2

² 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 matrix³).

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)⁴. The payment is based on increasing the % annual update to the physician's Medicare fee schedule

2009 PQRI Measures List

Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus

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

Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus

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

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

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

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

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

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

Stroke and Stroke Rehabilitation: Carotid Imaging Reports

Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

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

Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care

Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician

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

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

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

⁴ Reference: http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage

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

Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture
Aspirin at Arrival for Acute Myocardial Infarction (AMI)

Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician

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: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

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

Stroke and Stroke Rehabilitation: Screening for Dysphagia

Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services

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

Osteoporosis: Management Following Fracture

Osteoporosis: Pharmacologic Therapy

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

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

Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)

Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility

Advance Care Plan

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

Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation

Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy

Asthma: Pharmacologic Therapy

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

12-Lead Electrocardiogram (ECG) Performed for Syncope

Community-Acquired Pneumonia (CAP): Vital Signs

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

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

Community-Acquired Pneumonia (CAP): Empiric Antibiotic

Asthma: Asthma Assessment

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

Appropriate Testing for Children with Pharyngitis

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

Multiple Myeloma: Treatment with Bisphosphonates

Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

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

Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

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

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

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

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

Hepatitis C: HCV Genotype Testing Prior to Treatment

Hepatitis C: Antiviral Treatment Prescribed

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

Hepatitis C: Counseling Regarding Risk of Alcohol Consumption

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

Acute Otitis Externa (AOE): Topical Therapy

Acute Otitis Externa (AOE): Pain Assessment

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

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

Otitis Media with Effusion (OME): Hearing Testing

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

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

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

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

Prostate Cancer: Three-Dimensional (3D) Radiotherapy

Major Depressive Disorder (MDD): Diagnostic Evaluation

Major Depressive Disorder (MDD): Suicide Risk Assessment

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

Osteoarthritis (OA): Function and Pain Assessment

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

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

Preventive Care and Screening: Screening Mammography

Preventive Care and Screening: Colorectal Cancer Screening

Preventive Care and Screening: Inquiry Regarding Tobacco Use

Preventive Care and Screening: Advising Smokers to Quit
Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use
Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
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 (LSVD)
Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)
Chronic Kidney Disease (CKD): Blood Pressure Management
Chronic Kidney Disease (CKD): Plan of Care – Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)
Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)
Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation
Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Documentation and Verification of Current Medications in the Medical Record
Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up
Screening for Clinical Depression and Follow-Up Plan
Chronic Kidney Disease (CKD): Influenza Immunization
Melanoma: Follow-Up Aspects of Care
Melanoma: Continuity of Care – Recall System
Melanoma: Coordination of Care
Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement
Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications
Oncology: Medical and Radiation – Pain Intensity Quantified
Oncology: Medical and Radiation – Plan of Care for Pain
Radiology: Exposure Time Reported for Procedures Using Fluoroscopy
Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening
Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy
Back Pain: Initial Visit
Back Pain: Physical Exam
Back Pain: Advice for Normal Activities
Back Pain: Advice Against Bed Rest

Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD
Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula
Falls: Risk Assessment
Falls: Plan of Care
Oncology: Radiation Dose Limits to Normal Tissues
Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection
Endarterectomy: Use of Patch During Conventional Endarterectomy
HIV/AIDS: CD4+ Cell Count or CD4+ Percentage
HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy
HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy
Diabetes Mellitus: Foot Exam
Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation)
Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate
Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA)
Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency
Coronary Artery Bypass Graft (CABG): Surgical Re-exploration
Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge
Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge
Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling
Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula
Preventive Care and Screening: Unhealthy Alcohol Use – Screening
Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis
AMA-PCPI
Pediatric End Stage Renal Disease (ESRD): Influenza Immunization
Rheumatoid Arthritis (RA): Tuberculosis Screening
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
Rheumatoid Arthritis (RA): Functional Status Assessment
Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
Rheumatoid Arthritis (RA): Glucocorticoid Management
Elder Maltreatment Screen and Follow-Up Plan
Functional Outcome Assessment in Chiropractic Care
Hepatitis C: Hepatitis A Vaccination in Patients with HCV
Hepatitis C: Hepatitis B Vaccination in Patients with HCV
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

Red represents those test measures not on the MMA

Minnesota measures not in the PQRI Measures. Those areas not found in the PQRI measures listed in red⁵:

Minnesota Medical Association

Measure Name	P4P Programs								Measure Developer		
	Blue Cross Blue Shield MN	Bridges to Excellence	Health Partners - Partners in Progress	Health Partners - Partners in Excellence	Medica Performance based incentive	Medica Choice Care QJP	PerferredOne	Ucare	CMS PQRI	Used by MN Community Measurement	Part of the AMA Phys. Consortium
1. Acute Myocardial Infarction for ED - Aspirin at arrival									X		X
2. Acute Myocardial Infarction for ED - Beta blocker									X		
3. Advanced care plan for patients 65+									X		X
4. Anticoagulation protocol			X								
5. Asthma - Assessment									X		X
6. Asthma - Optimally managed					X	X					
7. Asthma - Pharmacotherapy	X						X		X	X	X
8. Body Mass Index (BMI)			X								
9. BMI and weight management plan - (preventative services)	X			X							
10. Breast cancer - Hormonal therapy									X		

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

71. Meniscectomy Arthroscopy			X								
72. Multiple myeloma - Treatment bisphosphonates									X		X
73. Myelodysplastic syndrome and acute leukemias - Baseline									X		X
74. Myelodysplastic syndrome -Document iron stores									X		X
75. Non urgent chest pain for ED - EKG, ECG									X		X
76. Non urgent syncope for ED - EKG, ECG									X		X
77. Osteoporosis - Screening and therapy									X		X
78. Osteoporosis - Communicate w/ PCP of post fracture care									X		X
79. Osteoporosis - Management of post fracture care									X		X
80. Osteoporosis - Pharmacotherapy									X		X
81. Osteoporosis - Counseling for diet and exercise									X		X
82. Otitis media, acute - Systemic antimicrobial therapy	X										
83. Patient satisfaction/experience			X	X							
84. Peri-op - Timing antibiotic prophylactic order									X		X
85. Peri-op - Timing antibiotic prophylactic administration									X		X
86. Peri-op - Selection antibiotic prophylactic									X		X
87. Peri-op - VTE prophylaxis									X		X
88. Peri-op - Discontinue prophylactic antibiotic in cardiac patients									X		X
89. Peri-op - Discontinue prophylactic antibiotic in non-cardiac patients									X		X
90. Pharyngitis - Testing children									X	X	
91. Quality profile					X						
92. Radiology imaging program					X						
93. Screening - Standardized alcohol abuse screen	X										
94. Screening - Breast cancer screen (mammography)				X		X	X	X		X	X
95. Screening - Cancer composite screen	X									X	
96. Screening - Cervical cancer screen				X		X	X	X		X	
97. Screening - Chlamydia screen	X				X	X	X	X		X	
98. Screening - Colorectal cancer screen										X	X
99. Screening - Falls risk screen									X		X
100. Screening - Blood lead screen			X						X		

105. Stroke - Anticoagulant at discharge									X		X
106. Stroke - t-PA considered									X		X
107. Stroke - Screen for dysphagia									X		X
108. Stroke - Consider rehab									X		X
109. Tobacco assessment (Identification)			X								X
110. Tobacco - Assisting smokers to quit clinic fax program	X										
111. Total hip and knee replacements	X										
112. Total joint replacement - Antibiotic prophylaxis	X										
113. Upper respiratory infection - Treatment for children									X	X	
114. Urinary incontinence - Assessment									X		X
115. Urinary incontinence - Characterization									X		X
116. Urinary incontinence - Plan									X		X
117. Well child						X	X	X		X	

Red represents those test measures not on PQRI

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

[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

[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

[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

[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

[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

[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

[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

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

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

[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

[Heart failure: percent of patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay.](#) Centers for Medicare & Medicaid Services/The Joint Commission. 2007 Oct. NQMC:003558

[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

[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

[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

[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

[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

[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

[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

[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
