

Capstone Quality Award Criteria - Physicians

The 2010 Louisiana Physician Quality Capstone Award

The purpose of this award is to recognize Louisiana physicians who provided all preventive care appropriate for their Medicare patient population. Physicians were not required to apply for the award.

AWARD CRITERIA

The appropriate care measure is a composite score based on the following prevention quality measures:

- Did the patient receive a mammogram (if female)?
- Did patient receive hemoglobin A1c, lipid profile and eye exam (if diabetic)?
- Did patient receive a colorectal cancer screening?
- Has the patient received a pneumonia vaccine?

Medicare claims data during calendar year 2009 was used in the calculations of this year's awards.

Only patients greater than or equal to 65 years of age were considered. Patients with HMO enrollment were excluded. Part B coverage is required for the preventive services considered. Physicians that had claims for less than 200 eligible patients were excluded. The preventive service could be provided by any provider. Only family practitioners, general practitioners and internists (as identified by the physician database) were considered.

MEASURES USED FOR PHYSICIAN AWARDS

PPV - The measure determines the part of the eligible beneficiary population (denominator) that received one or more Pneumococcal Pneumonia vaccinations from 01/01/1991 through the end of the measurement period.

Colorectal Cancer Screening - Patients >80 years of age as of the beginning of the measurement period are excluded. The measure determines the part of the eligible beneficiary population (denominator) that received at least one of the following during the measurement period:

- FOBT (within the year)
- Sigmoidoscopy (within 5 years)
- Colonoscopy (within 10 years)
- Barium Enema (within 5 years)

Mammography - The measure determines the part of the eligible beneficiary population (denominator) that had at least one paid claim for any of the specified mammography services in the past two years.

Diabetes - A diabetic is identified as a beneficiary that has a diagnosis of diabetes:

On a claim representing one face-to-face acute encounter (hospital inpatient or emergency room)

OR

On claims representing at least two face-to-face non-acute encounters (hospital outpatient, physician office, durable medical equipment, home health agency or skilled nursing facility), at least seven days apart.

The measure determines the part of the eligible beneficiary population (denominator) that had at least one paid claim for HbA1c, an eye exam or lipid profile during the measurement period.

CALCULATION

Providers scoring greater than or equal to the 50th percentile of the ACM score distributions are eligible for an award.