The 2010 Physician Office HealthInsight Quality Award criteria consist of four major components:

- Adoption of health information technology,
- Regular use of population care management methods,
- Participation in a data reporting quality initiative, and
- Exemplary performance on nationally-recognized clinical outcome measures.

A detailed description of the criteria is listed below.

1. **Adoption of at least ONE of the following health information technologies:**
   Adoption means implementation and use of one of the technologies in everyday patient care.
   - Electronic health record (EHR)/electronic medical record (EMR) system
   - ePrescribing system
   - Electronic patient portal
   - Connection to a health information exchange (HIE), if available
   - Other health information technology (e.g., electronic registry) - *please provide details*

2. **Employment of at least ONE of the following population care management methods:** A practice must use at least ONE of the following population care management methods on a regular basis (i.e., it must be integrated into your patient care) to meet this criterion. You will be asked to describe how you use the methods you engage in and with what frequency.
   - EHR-based practices, which must include at least two of the following:
     - Automated reminder system
     - Prompts and alerts
     - Health maintenance template
     - Chronic disease template
     - Drug/drug and/or drug/allergy interaction checking
     - Drug-lab checking
   - Chronic disease registry
   - Attainment of Medical Home Certification
   - Achievement of Stage 1 Meaningful Use Criteria
   - Case managers/care management teams

3. **Participation in at least ONE of the following data reporting quality initiatives:**
   To qualify for this criterion, you must be participating in data reporting to a non-mandatory third party entity.
   - Medicare Preventive Care Management Initiative (EHR improvement project)
   - Medicare Care Management Performance (MCMP) demonstration
   - Physician Quality Reporting Initiative (PQRI)
   - Regional Extension Center participant doing quality reporting
Beacon Community participant doing quality reporting
Other physician office quality data reporting initiative (please provide details)

4. Top level of performance on at least TWO of the following Quality Measures:
A practice must report levels of care above a threshold that is approximately the national 75th percentile on at least two of the following commonly tracked quality measures. A practice must be able to describe the process they used to generate performance information and verify that the level of care provided is above the target threshold.

- OB/GYN
  - Cervical cancer screening (85%)
  - Chlamydia screening (55%)
- Pediatrics
  - Childhood immunizations (85%)
- Annual diabetes measures
  - HbA1c test (90%)
  - Lipid test (90%)
  - Nephropathy test (90%)
  - Dilated eye exam (75%)
- Cancer screenings
  - Mammogram (75%)
  - Colorectal cancer screening (60%)
- Immunizations
  - Influenza (80%)
  - Pneumonia (60%)
- Ophthalmology measure
  - Glaucoma screening for older adults (75%)
- Utilization measure
  - Commercial use of imaging studies for low back pain (<20%; for this measure lower is better)

Calculating measures: Please note that because reporting programs differ, the requirements for this criterion are intentionally loose with regard to patient age and measurement timeframe. This will allow you to report data that best matches the measurement definitions/guidelines you are already reporting on.

How do I demonstrate that my practice meets the award criteria?

Criterion 1: You must provide the name and version of the health information technology you use and how long you’ve been using it.

Criterion 2: If EHR based, you must provide a screen shot of electronic mechanisms used and describe the nature of when and how they are used. For other care management methods, please
provide a screen shot or, alternatively, a copy of any policy, procedure, certificate, or other written document that demonstrates the nature of the method.

**Criterion 3:** We will be able to verify your participation in the Medicare Preventive Care Management, MCMP, Regional Extension Center, and Beacon Community reporting initiatives. If you are engaged in any other initiative, please provide the name of the initiative, the nature of your involvement, and a link to a website that describes the program (if available).

**Criterion 4:** You may provide documentation of recent clinical outcome performance in any of the following formats: a report generated from an EHR, a third-party quality report, or claims-based data report. You will also be asked to provide the number of patients used in the denominator for each outcome, as well as the timeframe, you are reporting on.
2010 HealthInsight Physician Office Quality Award Application

Please complete this application to be considered for the 2010 HealthInsight Physician Office Quality Award. If completing on-line, you may use the tab key to navigate to the next field.

Practice Name*: 

Address: 

City, State, Zip: 

Practice Type:  

☐ Solo Practice  

☐ Group Practice  

☐ Family Practice  

☐ General Practice  

☐ Geriatrics  

☐ Internal Medicine  

☐ Other: 

Number of Physicians: 

Name of Practice Primary Contact: 

Title: 

Phone: 

Email Address: 

For practices with multiple sites, please complete demographic information for each site using the addendum at the end of the application as well as quality measure information for each site.

If a multi-site practice is selected as and award recipient, HealthInsight will cover the cost of the plaque for the first site. If additional plaques are requested, the practice must incur those costs (approximately $113.50 per plaque).

* Please write your clinic’s name as you would like it to appear on the award in the event that your practice is a recipient.

☐ If my practice is selected as a recipient of the 2010 HealthInsight Quality Award, I authorize HealthInsight to publicly announce this via press releases, articles, and website announcements.

Signature: _ Date: _

In order to demonstrate your eligibility for the award, please respond to the following questions.
Criterion 1 – Technology

Please select all of the technologies you currently use in your practice and provide the vendor name and the version of the technology you are using, and the date you first began using the system:

☐ Electronic Health Record (EHR)/ Electronic Medical Record (EMR) System
  Vendor: 
  Version: 
  Date you first began using this technology:

☐ ePrescribing System
  Vendor: 
  Version: 
  Date you first began using this technology:

☐ Electronic Patient Portal
  Vendor: 
  Version: 
  Date you first began using this technology:

☐ Health Information Exchange
  Vendor: 
  Version: 
  Date you first began using this technology:
Criterion 2 – Population Care Management

1. Please select the care management methods used in your practice.
   - □ EHR-based practices (for this option, you need to use at least one of the following – check all that apply)
     - □ Automated reminder system
     - □ Prompts and alerts
     - □ Health maintenance template
     - □ Chronic disease template
     - □ Drug/drug, drug/allergy interaction checking
     - □ Drug-lab checking
     - □ Drug/drug interaction checking
   - □ Chronic disease registry
   - □ Attainment of Medical Home Certification
   - □ Attainment of Stage 1 Meaningful Use Criteria
   - □ Case managers/care management teams
   - □ Other care management innovation (please provide details)

2. For the care management methods selected above, please briefly describe how you use each method and with what frequency.

3. Please append any supporting documents necessary to demonstrate how your practice meets the criterion for the method described in Step 2.
   - ▪ If an EHR-based method, provide a screen shot of electronic mechanisms used.
   - ▪ For other care management methods, please provide a screen shot or, alternatively, a copy of any policy, procedure, certificate, or other written document (i.e., diabetes flow sheet) that demonstrates the nature of the practice innovation.
### Criterion 3 – Data Reporting Quality Initiatives

Please select all data reporting quality initiatives you are currently involved in and provide the requested details to demonstrate your participation.

- [ ] Medicare Preventive Care Management Initiative (EHR improvement project)
- [ ] Medicare Care Management Performance (MCMP) Demonstration
- [ ] Physician Quality Reporting Initiative (PQRI)
- [ ] Regional Extension Center Participation
- [ ] Beacon Community Participation
- [ ] Other recognized physician office data reporting initiative (*please provide details*)
  - Name of initiative:
  - Brief Description:
  - Website or other documentation of the initiative:
Criterion 4 – Quality Measures

For this criterion, please complete the following:
1. Select the clinical quality measures you used to meet the threshold measurement.
2. Enter your current level of performance (rate).
3. Provide the number of patients used in the denominator for each outcome you report on, as well as the timeframe you used for the report (i.e., mm/dd/yyyy - mm/dd/yyyy).
4. Attach documentation to confirm your clinical outcome performance. Any of the following formats is acceptable: a report generated from an EHR, a third-party quality report, or claims-based data report.

**OB/GYN**
- **Cervical cancer screening target threshold = 85%**
  - Cervical cancer screening rate: __________ Denominator: __________ Timeframe: __________
- **Chlamydia screening target threshold = 55%**
  - Chlamydia screening rate: __________ Denominator: __________ Timeframe: __________

**Pediatrics**
- **Childhood immunization target threshold = 85%**
  - Childhood immunization rate: __________ Denominator: __________ Timeframe: __________

**Annual Diabetes Measures**
- **HbA1c test target threshold = 90%**
  - HbA1c test rate: __________ Denominator: __________ Timeframe: __________
- **Lipid test target threshold = 90%**
  - Lipid test rate: __________ Denominator: __________ Timeframe: __________
- **Nephropathy test target threshold = 90%**
  - Nephropathy test rate: __________ Denominator: __________ Timeframe: __________
- **Dilated eye exam target threshold = 75%**
  - Dilated eye exam rate: __________ Denominator: __________ Timeframe: __________

**Cancer Screenings**
- **Mammogram target threshold = 75%**
  - Mammogram rate: __________ Denominator: __________ Timeframe: __________
- **Colorectal cancer screening target threshold = 60%**
  - Colorectal cancer screening rate: __________ Denominator: __________ Timeframe: __________

Remember to attach appropriate documentation.
Immunizations
Influenza target threshold = 80%
Influenza rate: Denominator: Timeframe:

Pneumonia target threshold = 60%
Pneumonia rate: Denominator: Timeframe:

Ophthalmology measure
Glaucoma screening for older adults target threshold = 75%
Glaucoma screening for older adults rate: Denominator:
Timeframe:

Utilization measure
Commercial use of imaging studies for low back pain target threshold = < 20%
Commercial use of imaging studies for low back pain rate: Denominator:
Timeframe:

Feedback
If you have feedback on the application process or suggestions for measures or technologies to incorporate in the future, please provide them here:

Please send your completed application by October 31, 2010 to HealthInsight at POawards@healthinsight.org (Remember to resave the file with your changes first) or 801-892-0160 (fax).

Awards will be presented at the end of 2010. We will also publish award winners on our website and disseminate press releases about the awards.
Addendum for Multiple Site Practices

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