



Summary of Approved Measure Set for Measurement Year 2024



(A) Core Measurement Set Measures

Providers have the potential to earn a total of 100 points in four measurement areas: 1) Clinical Domain; 2) Appropriate Use of Resources; 3) Access and Operations; and 4) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

Key:

New Measure || Change to Measure Design || ~~Measure removed~~

2023 Measures	2024 Recommendations
Clinical Domain	
Family Medicine: <ol style="list-style-type: none"> 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Child and Adolescent Well Care Visits 5. Childhood Immunization Status: Combo 10 6. Colorectal Cancer Screening 7. Comprehensive Diabetes Care: HbA1c Control 8. Diabetes Management: Eye Exams 9. Controlling High Blood Pressure 10. Immunizations for Adolescents – Combo 2 11. Well-Child Visits in the First 15 Months of Life 	Family Medicine: <ol style="list-style-type: none"> 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Child and Adolescent Well Care Visits 5. Childhood Immunization Status: Combo 10 6. Colorectal Cancer Screening 7. Comprehensive Diabetes Care: HbA1c Control 8. Diabetes Management: Eye Exams 9. Controlling High Blood Pressure 10. Immunizations for Adolescents – Combo 2 11. Well-Child Visits in the First 15 Months of Life 12. Lead Screening in Children (Blood Lead Screening)
Clinical Domain	
Internal Medicine: <ol style="list-style-type: none"> 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Colorectal Cancer Screening 5. Comprehensive Diabetes Care: HbA1c Control 6. Controlling High Blood Pressure 7. Diabetes Management: Eye Exams 	Internal Medicine: <ol style="list-style-type: none"> 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Colorectal Cancer Screening 5. Comprehensive Diabetes Care: HbA1c Control 6. Controlling High Blood Pressure 7. Diabetes Management: Eye Exams
Clinical Domain	

Pediatric Medicine: <ol style="list-style-type: none"> 1. Asthma Medication Ratio 2. Child and Adolescent Well Care Visits 3. Childhood Immunization Status: Combo 10 4. Immunizations for Adolescents – Combo 2 5. Well-Child Visits in the First 15 Months of Life 	Pediatric Medicine: <ol style="list-style-type: none"> 1. Asthma Medication Ratio 2. Child and Adolescent Well Care Visits 3. Childhood Immunization Status: Combo 10 4. Immunizations for Adolescents – Combo 2 5. Well-Child Visits in the First 15 Months of Life 6. Lead Screening in Children (Blood Lead Screening)
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Appropriate Use of Resources

Family Medicine & Internal Medicine: <ol style="list-style-type: none"> 1. Ambulatory Care Sensitive Admissions 2. Risk Adjusted Readmission Rate (RAR) 	Family Medicine & Internal Medicine: <ol style="list-style-type: none"> 1. Ambulatory Care Sensitive Admissions 2. Risk Adjusted Readmission Rate (RAR)
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Access and Operations

All Practice Types: <ol style="list-style-type: none"> 1. Avoidable ED Visits 2. PCP Office Visits 	All Practice Types: <ol style="list-style-type: none"> 1. Avoidable ED Visits 2. PCP Office Visits
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Patient Experience

All Sites: <ol style="list-style-type: none"> 1. Patient Experience 	All Sites: <ol style="list-style-type: none"> 1. Patient Experience
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(B) Unit of Service Measures

Providers receive payment for each unit of service they provide.

Unit of Service

All Sites: <ol style="list-style-type: none"> 1. Advance Care Planning Attestations 2. Extended Office Hours 3. PCMH Certification 4. Peer-led Self-Management Support Groups 5. Health Information Exchange 6. Health Equity 7. Blood Lead Screening 8. Dental Fluoride Varnish Use 9. Tobacco Use Screening 10. Electronic Clinical Data Systems (ECDS) 	All Sites: <ol style="list-style-type: none"> 1. Advance Care Planning Attestations 2. Extended Office Hours 3. PCMH Certification 4. Peer-led Self-Management Support Groups 5. Health Information Exchange 6. Health Equity 7. Blood Lead Screening 8. Dental Fluoride Varnish Use 9. Tobacco Use Screening 10. Electronic Clinical Data Systems (ECDS) 11. Early Administration of the 1st HPV Dose 12. Early Administration of Initial Flu Vaccine Series
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Programmatic Changes:

I. Descriptions of Potential 2024 Measure Changes for Core Measurement Set

A. Change(s) to Existing Measures – Core Measurement Set

1. Retire Asthma Medication Ratio Measure

Rationale: Remove from all practice types. Measure is being retired due to increased performance score from 2019 to year to date.

B. Potential Additions as New Measures – Core Measurement Set

1. Add Lead Screening in Children (Family Practice & Pediatrics)

Rationale: Nationally and in California, Blood lead Screening (BLS) rates are beneath the Minimum Performance Level. DHCS recently added “Lead Screening in Children” to the MCAS measure set in order to closely monitor these rates. BLS in young children is essential because there is no known safe level of lead exposure. The toxic effects of lead exposure on the developing brain can be profound and are irreversible. Screening tests for lead exposure in young children allow for early detection of exposure and provide an opportunity to identify and remove lead contamination in the child’s environment. Children enrolled in Medi-Cal and other publicly funded programs are mandated by the State of California to be tested at 12 and 24 months of age.

BLS is currently a PHC 2023 Unit of Service measure for children ages 24 to 72 months and incentivized at the Parent Organization level. The 2024 proposal is to move BLS to the Core Measure set and use the HEDIS measurement of completing at least one blood lead test by the age of 2 years and to incentivize at the PCP practice level.

II. Descriptions of Potential 2024 Measure Changes for Unit of Service Measurement Set

A. Change(s) to Existing Measures – Unit of Service

1. Remove Blood Lead Screening (Family Practice & Pediatrics)

Rationale: Move measure from UOS to the Core Measure set

B. Potential Additions as New Measures – Unit of Service

1. Add Early Administration of the 1st HPV Dose

Rationale: In 2022, 58% of PHC’s members turning 13 did not complete the 2-dose series HPV vaccinations. The CDC recommends 1st HPV doses start between ages 11 and 12 (and can actually start at age 9). PHC’s data indicates that members completing their 1st HPV dose by 12 years are much more likely to complete their 2nd by 13, as compared to members who completed their 1st dose after 12. The purpose of this new UOS measure is to incentivize providers to administer the first HPV dose by the age of 12 in order to have the required 6-month pause between the first and 2nd dose and another 6 months to administer the 2nd HPV dose before the 13th birthday.

2. Add Early Administration of Initial Flu Vaccine Series

Rationale: In 2022, 57% of PHC’s members turning 2 did not complete the 2-dose series influenza vaccinations. The ACIP recommends 2 influenza vaccinations, at least 4 weeks apart starting in children aged 6 months. This initial two dose series provides protection for children under 2 years of age, all of whom are considered at high risk for serious influenza infections. The purpose of this new UOS measure is to incentivize early administration of influenza *and* to complete administration of the 2nd dose within 60 calendar days of the 1st dose.