
















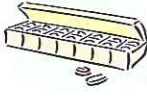







## 2010 MEDICARE (BCN Advantage<sup>SM</sup>) MEASURES

<p><b>Osteoporosis Management</b></p> <p>Women ≥67 with a fracture &amp; had either a BMD or RX for a drug to treat or prevent osteoporosis within the six months after date of fracture</p> 	<p><b>Glaucoma Screening</b></p> <p>Age ≥65 without a prior diagnosis who received a glaucoma eye exam in 2008 or 2009</p> 	<p><b>Use of High Risk Medications in the Elderly</b></p> <p>Assess members age ≥65 who may be receiving one or two potentially harmful drugs</p> 	
<p><b>Initiation &amp; Engagement of Alcohol and Other Drug (AOD) Dependence Treatment</b></p> <p>Age 13 and older: Who initiated treatment, and had two or more additional visits within 30 days of the initiation visit</p> 	<p><b>Osteoporosis Testing in Older Women</b></p> <p>Women age ≥65 who had a bone density test to check for osteoporosis</p> 	<p><b>Potentially Harmful Drug-Disease Interactions in the Elderly</b></p> <p>Age ≥65 with underlying disease, condition or health concern &amp; dispensed an ambulatory RX for a contraindicated medication, concurrent with or after the diagnosis</p> 	
<p><b>Pharmacotherapy Management of COPD Exacerbation</b></p> <p>Age 40 and over: Dispense systemic corticosteroid within 14 days of event and dispense bronchodilator within 30 days of event</p>	<p><b>Physical Activity in Older Adults</b></p> <p>Age ≥65 include in yearly office visit. Discussed exercise level with PCP or other health provider and/or was advised to start, increase or maintain exercise level</p> 	<p><b>Fall Risk Management</b></p> <ul style="list-style-type: none"> <li>• Age ≥75 or</li> <li>• Age 65-74 with balance or walking problems or a fall in the past 12 months, and was seen by a PCP in the past 12 months and received fall risk intervention from PCP</li> </ul> 	
<p><b>Controlling High Blood Pressure</b></p> <p>Age 18-85 with HTN &amp; BP reading in 2009 of:</p> <ul style="list-style-type: none"> <li>• Systolic B/P &lt;140 mm Hg</li> <li>• Diastolic B/P &lt;90 mm Hg</li> </ul> 	<p><b>Persistence of Beta-Blocker Treatment after a Heart Attack</b></p> <p>Age 18 or older with AMI: Received beta-blocker RX for six months after discharge from hospital</p> 	<p><b>Cholesterol Management for Patients with CV Conditions</b></p> <p>Age 18-75 with AMI, CABG, PTCA, IVD 1/1/08-11/1/08</p> <ul style="list-style-type: none"> <li>• LDL-C screening in 2009</li> <li>• LDL-C &lt;100 mg/dL</li> </ul> 	
<p><b>Mental Illness Follow-up after Hospitalization</b></p> <p>Age 6 &amp; older with hospitalization: Follow-up appointment with a mental health provider within seven &amp; 30 days of discharge</p> 	<p><b>Colorectal Cancer Screening</b></p> <p>Age 51-75:</p> <ul style="list-style-type: none"> <li>• FOBT: 2008</li> <li>• Flexible Sigmoidoscopy: 2005-2009</li> <li>• Colonoscopy: 2000-2009</li> </ul> 	<p><b>DMARD Therapy in Rheumatoid Arthritis</b></p> <p>Age 18 and older: Diagnosis of RA with at least one DMARD</p> 	
<p><b>Antidepressant Medication Management</b></p> <p>Age 18 &amp; older with depression:</p> <ul style="list-style-type: none"> <li>• Effective acute: on antidepressant medication for 84 days</li> <li>• Continuation phase: 180 days treatment with antidepressant medication</li> </ul> 	<p><b>Management of Urinary Incontinence in Older Adults</b></p> <p>Management of urinary incontinence age ≥ 65 discussed urine leakage within the past six months with PCP and/or treated by PCP Had leakage within previous six months and discussed with PCP and/or treated by PCP</p> 		
<p><b>Diabetes Comprehensive Care</b></p> <p>Age 18-75 with diabetes:</p> <p>HbA1C testing</p> <ul style="list-style-type: none"> <li>• HbA1C &gt;9.0 poor control</li> <li>• HbA1C &lt;7.0 good control</li> <li>• LDL-C screening</li> <li>• LDL-C control &lt;100 mg/dL</li> </ul> <ul style="list-style-type: none"> <li>• Eye exam (retinal) performed</li> <li>• Medical attention for nephropathy</li> <li>• BP control &lt;140/90</li> <li>• BP control &lt;130/80</li> </ul> <p>in 2009</p> 	<p><b>Annual Monitoring for Patients on Persistent Medication</b></p> <p>Age 18 &amp; older: Annual monitoring for members on persistent meds (at least on a 180-day supply): ACE/ARB, diuretics, Digoxin, anticonvulsants</p> 		
<p><b>COPD Spirometry Testing</b></p> <p>Age 40 and over: Spirometry testing to confirm diagnosis of COPD</p> 	<p><b>Pneumonia Vaccine Status</b></p> <p>Age ≥65 who received one dose pneumococcal vaccine between 1/1/08 and date CAHPS survey completed</p> 	<p><b>Flu Shots for Adults</b></p> <p>Age ≥65 who received Flu shot between 1/1/09 Until CAHPS survey completed</p> 	<p><b>Adult BMI Assessment</b></p> <p>Ages 18-74 years: Who had an outpatient visit during 2008 and 2009 with BMI documented</p> 
<p><b>Medical Assistance with Smoking Cessation</b></p> <p>Current smoker age 18 &amp; older: PCP advised member to stop smoking during measurement year and/or meds were prescribed or discussed</p> 	<p><b>Breast Cancer Screening</b></p> <p>Women age 40-69: One mammogram in 2008 or 2009</p> 