



Patient Centered Medical Homes (PCMH)

Measures At A Glance

Disclaimer: URAC reserves the right to update its measures and measure sets to maintain measure relevancy and to remedy any unintended consequences that may arise during implementation. Further, URAC may add and/or align its measures with regulatory requirements of federal, state, and local governments.

Mandatory Measures (4)

Note: Mandatory measures are those measures that are a requirement of accreditation and must be reported to URAC on an annual basis.

Measure #	Measure Name	Measure Steward	URAC Domain	Measure Description	Numerator	Denominator	Data Source
ACO2019-01	Preventive Care Screening: Tobacco Use: Screening and Cessation	AMA-PCPI	Prevention & Treatment	<p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.</p> <p>Three rates are reported: <i>Rate 1.</i> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months. <i>Rate 2.</i> Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention. <i>Rate 3.</i> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.</p>	<p><i>Rate 1.</i> Patients who were screened for tobacco use at least once within 24 months.</p> <p><i>Rate 2.</i> Patients who received tobacco cessation intervention.</p> <p><i>Rate 3.</i> Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.</p>	All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period.	Clinical Data

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Measure #	Measure Name	Measure Steward	URAC Domain	Measure Description	Numerator	Denominator	Data Source
ACO2019-02	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	AMA-PCPI	Prevention & Treatment	<p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.</p> <p>Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2</p>	Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.	All patients 18 and older on the date of the encounter with at least one eligible encounter during the measurement period.	Clinical Data
ACO2019-03	Depression Remission at 12 Months	MN Community Measurement	Care Coordination	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Patients who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Patients age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during the index visit.	Clinical data

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Measure #	Measure Name	Measure Steward	URAC Domain	Measure Description	Numerator	Denominator	Data Source
ACO2019-04	Depression Response at Twelve Months-Progress Towards Remission	MN Community Measurement	Care Coordination	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to patients with newly diagnosed and existing depression identified during measurement period whose PHQ-9 indicates a need for treatment.	Patients who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Patients age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during the index visit.	Clinical Data

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Exploratory Measures (1)

Note: Exploratory measures are measures “on the cutting edge”, meaning that either the industry has not come to consensus on how to measure a particular concept or the measure is experimental or in development. In the case of exploratory measure, the organization has the option to report.

Measure #	Measure Name	Measure Steward	URAC Domain	Measure Description	Numerator	Denominator	Data Source
ACO2019-05	CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists)	AHRQ	Patient Engagement / Experience	The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months. The survey includes standardized questionnaires for adults and children.	N/A	N/A	Survey

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