

# MEASURING CARE QUALITY

## Southern California Region



November 2016

### *For Clinical Effectiveness of Care Measures of Performance*

#### **From: Healthcare Effectiveness Data and Information Set (HEDIS®)**

HEDIS is a set of standardized performance measures designed to ensure that the public — including employers, the Centers for Medicare and Medicaid Services (CMS), and researchers — has the information it needs to accurately compare the performance of managed health care plans. It was developed under the auspices of the National Committee for Quality Assurance (NCQA) with input from over 300 organizations representing every sector of the nation's health care industry. HEDIS is the most highly developed and best known measure of health plan effectiveness in the United States. Kaiser Permanente has been reporting HEDIS data since 1993. Measures in the Effectiveness of Care Domain provide information about the quality of clinical care that the health plan provides. They take into account how well the plan incorporates widely accepted preventive practices, recommended screening for common diseases, and treatment for pregnant women. This domain has also been expanded to include some overuse measures. To view the most recent regional performance data, please see the graphs on the following pages grouped as in the list below.



#### **Commercial Measures**

- Immunizations and Screenings – Adult
- Immunizations and Screenings – Children/Adolescent
- Prenatal and Postpartum Care
- Treatment for Cardiovascular Disease
- Comprehensive Diabetes Care
- Treatment for Respiratory Conditions
- Behavioral Health – Adult and Children
- Musculoskeletal Conditions
- Medication Management
- Overuse/Appropriateness
- Medical Assistance with Smoking Tobacco Use Cessation

#### **Medicare Measures**

- Screenings
- Treatment for Cardiovascular Disease
- Comprehensive Diabetes Care
- Treatment for Respiratory Conditions
- Behavioral Health
- Musculoskeletal Conditions
- Monitoring of Persistent Medications
- Overuse/Appropriateness

## Disclaimer

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## Notes for Reading the Graphs

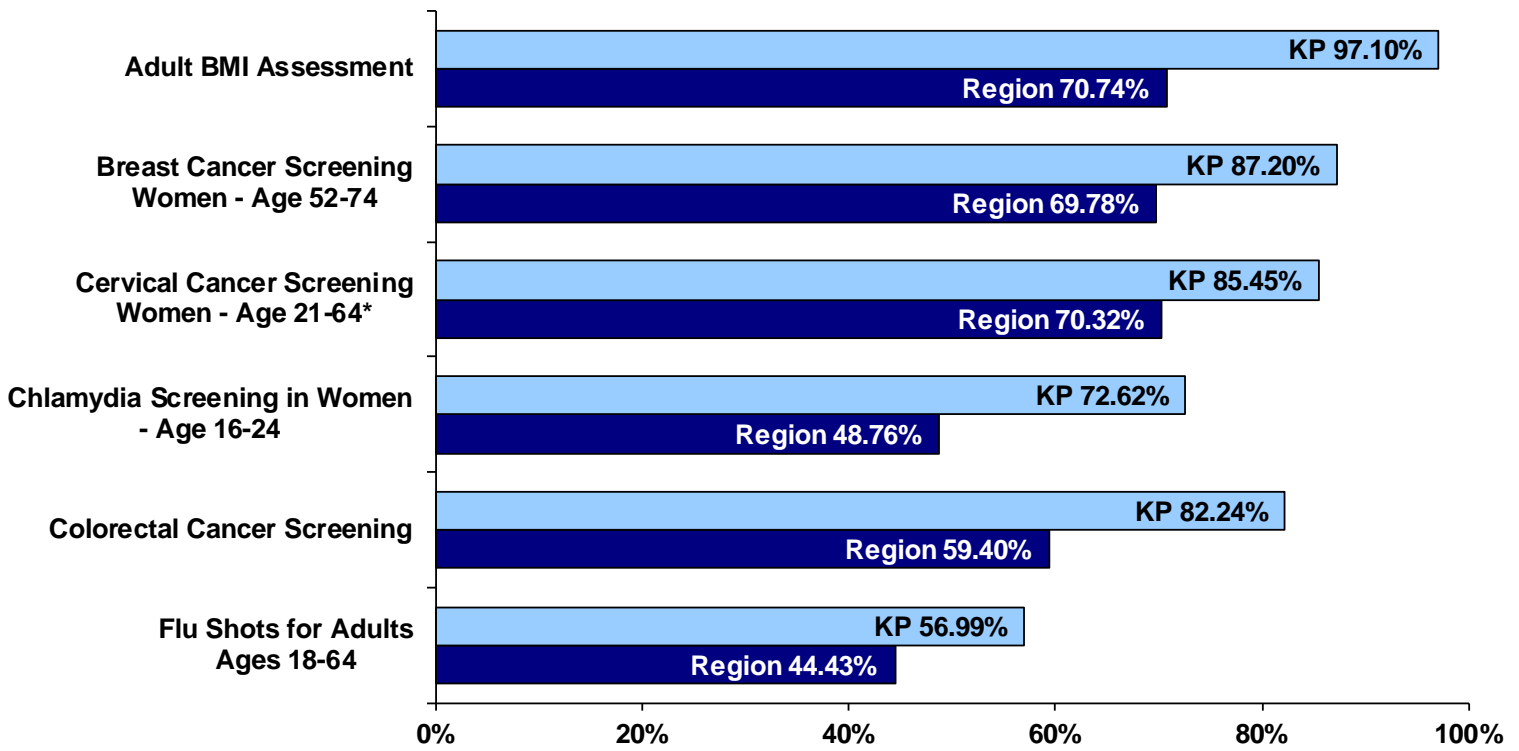
- *KP* is Southern California Kaiser Permanente
- *Region* is the average of organizations reporting to the United States Department of Health and Human Services' Region IX and includes Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, and American Samoa.
- For a full description of the measures, see the section at the end of these graphs.
- For clinical data, use NCQA's "Create a Report Card":  
<http://reportcard.ncqa.org/plan/external/plansearch.aspx>

HEDIS overview and descriptions are located on the NCQA Web site:  
<http://www.ncqa.org/tabid/59/Default.aspx>

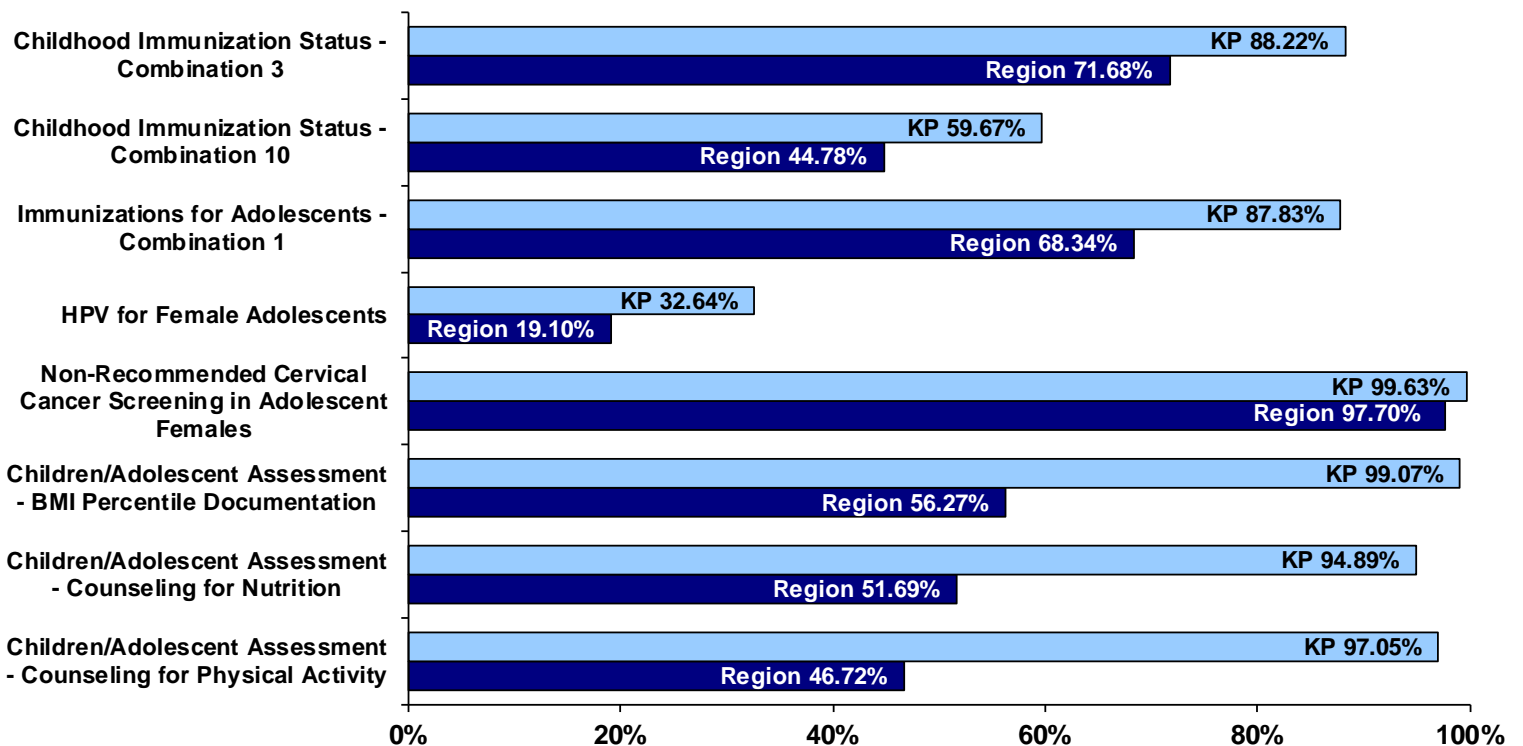
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COMMERCIAL MEASURES

HEDIS 2016 Commercial Adult Immunization and Screening Measures  
Southern California

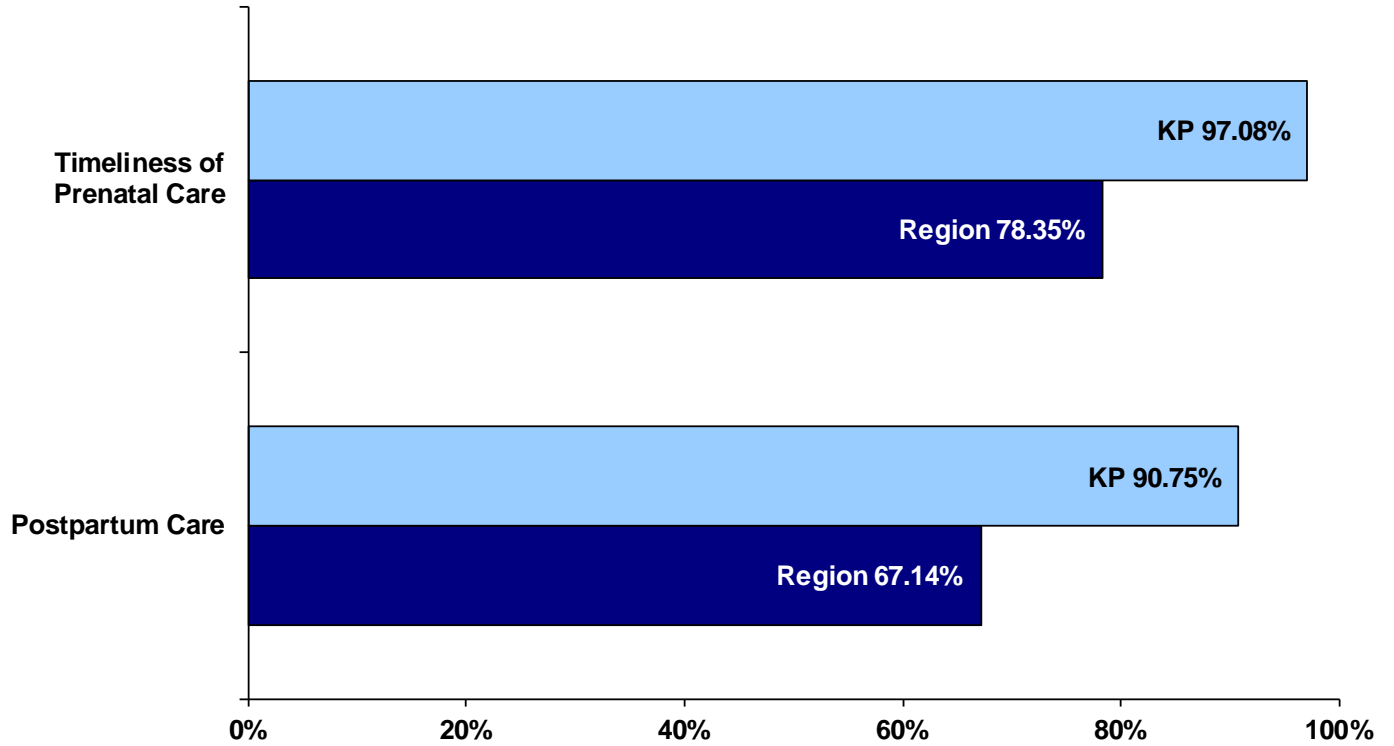


HEDIS 2016 Commercial Children/Adolescent Immunization & Screening Measures  
Southern California

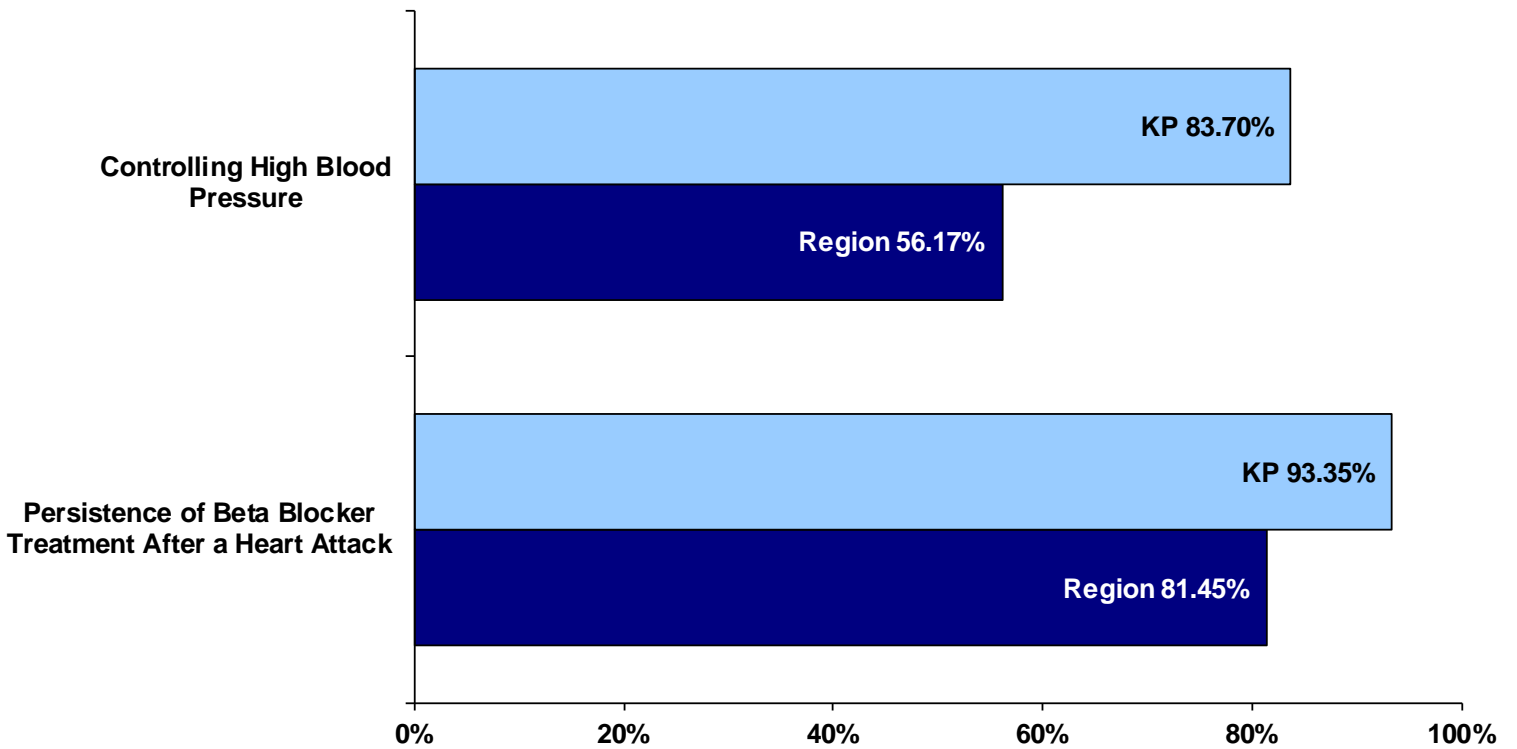


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**HEDIS 2016 Commercial Prenatal and Postpartum Care Measures**  
**Southern California**

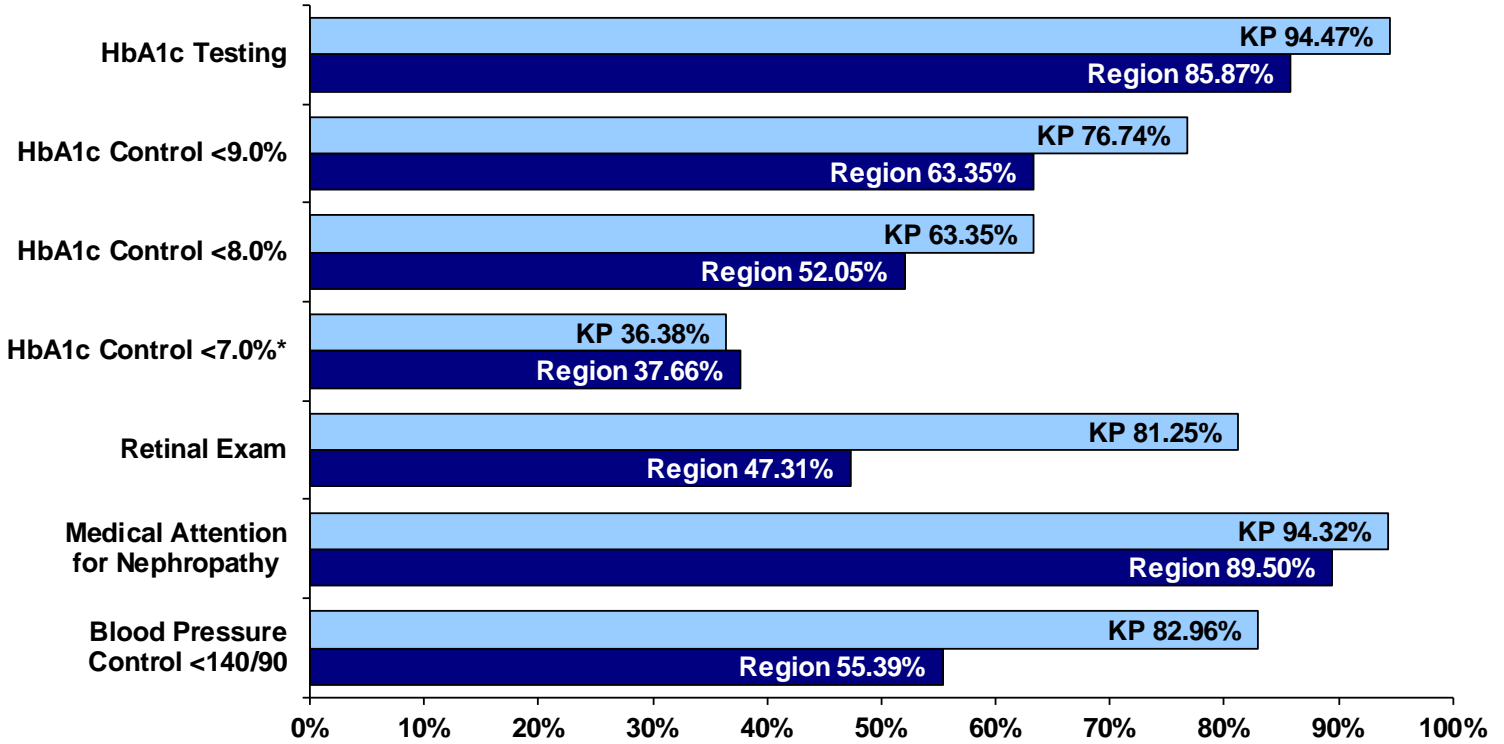


**HEDIS 2016 Commercial Treatment for Cardiovascular Disease Measures**  
**Southern California**

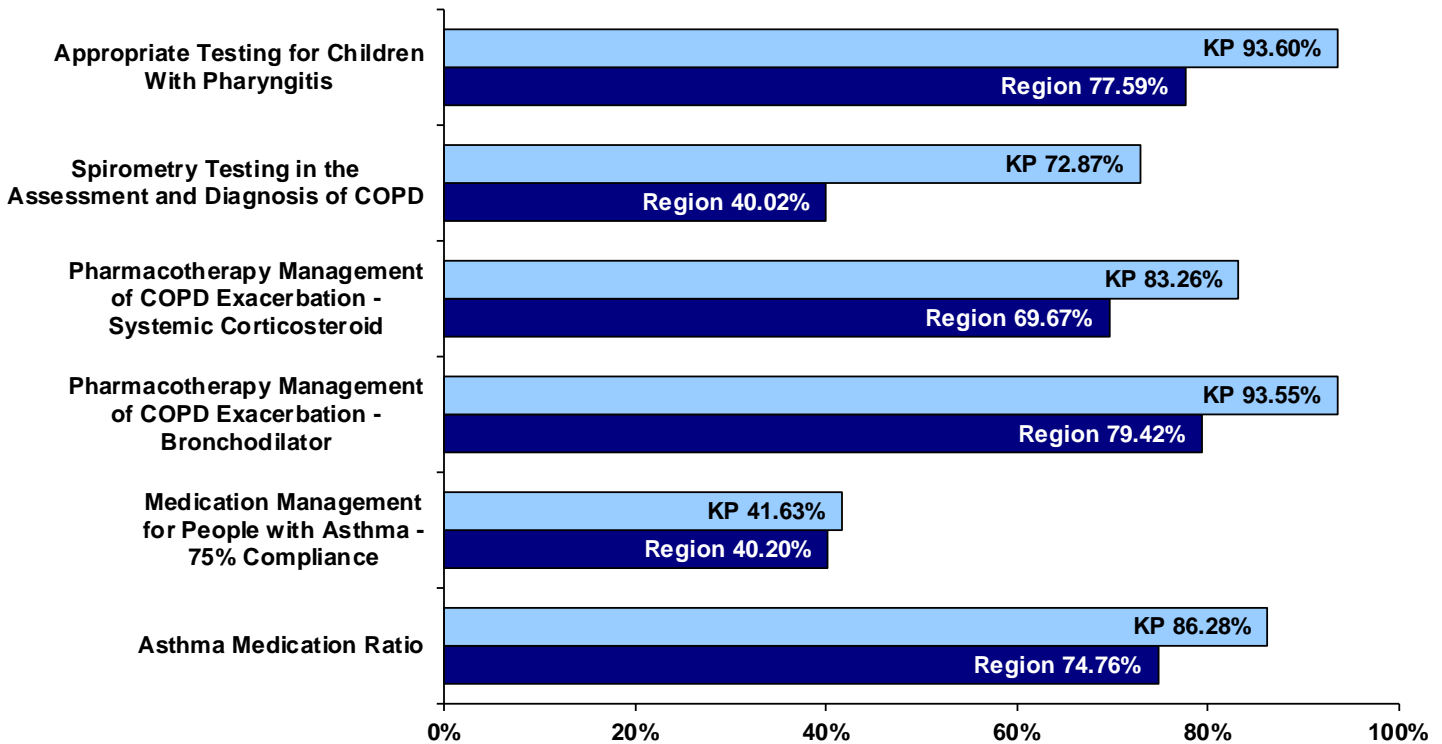


*Region* is the average of organizations reporting to the United States Department of Health and Human Services' Region IX and includes Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, and American Samoa.

**HEDIS 2016 Commercial Comprehensive Diabetes Care Measures**  
**Southern California**

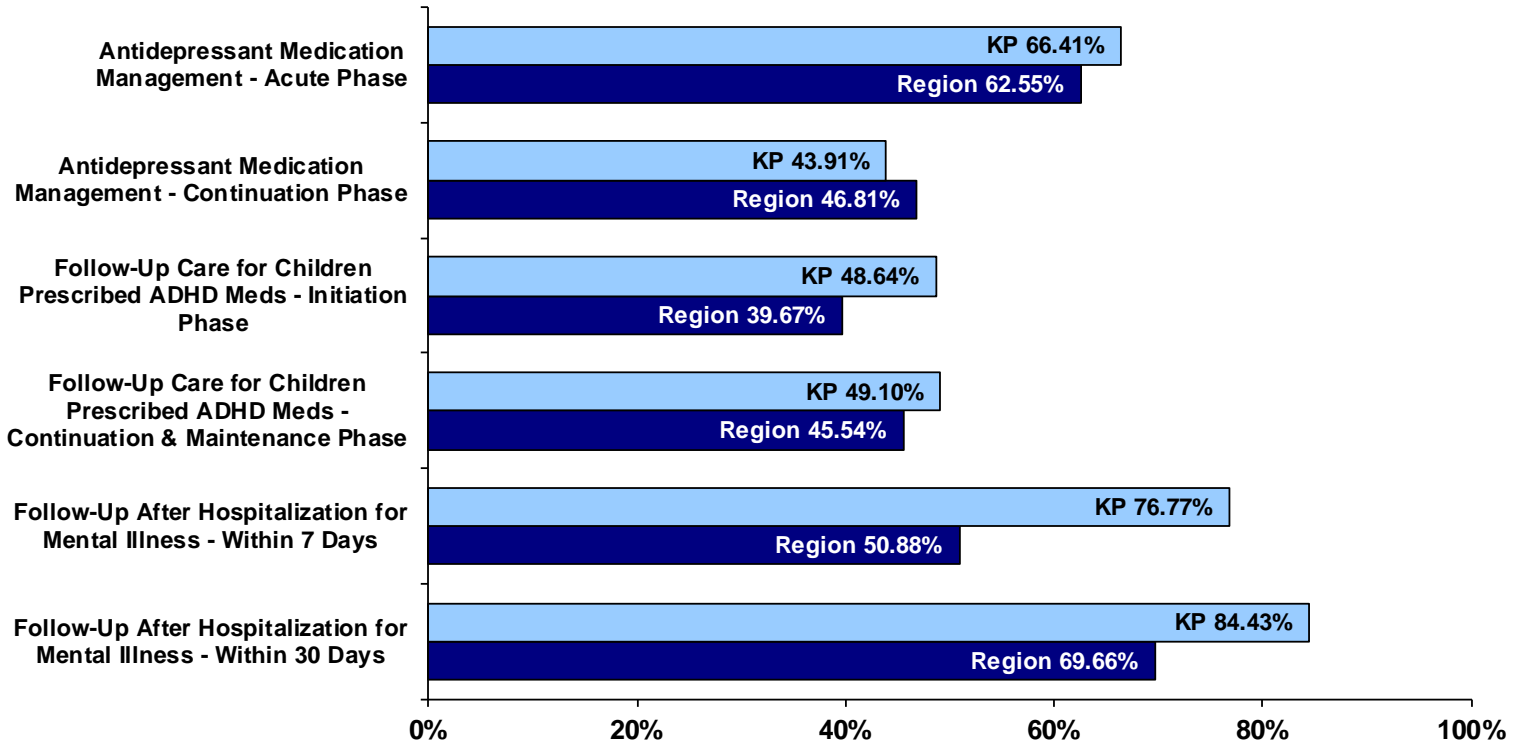


**HEDIS 2016 Commercial Treatment for Respiratory Conditions Measures**  
**Southern California**

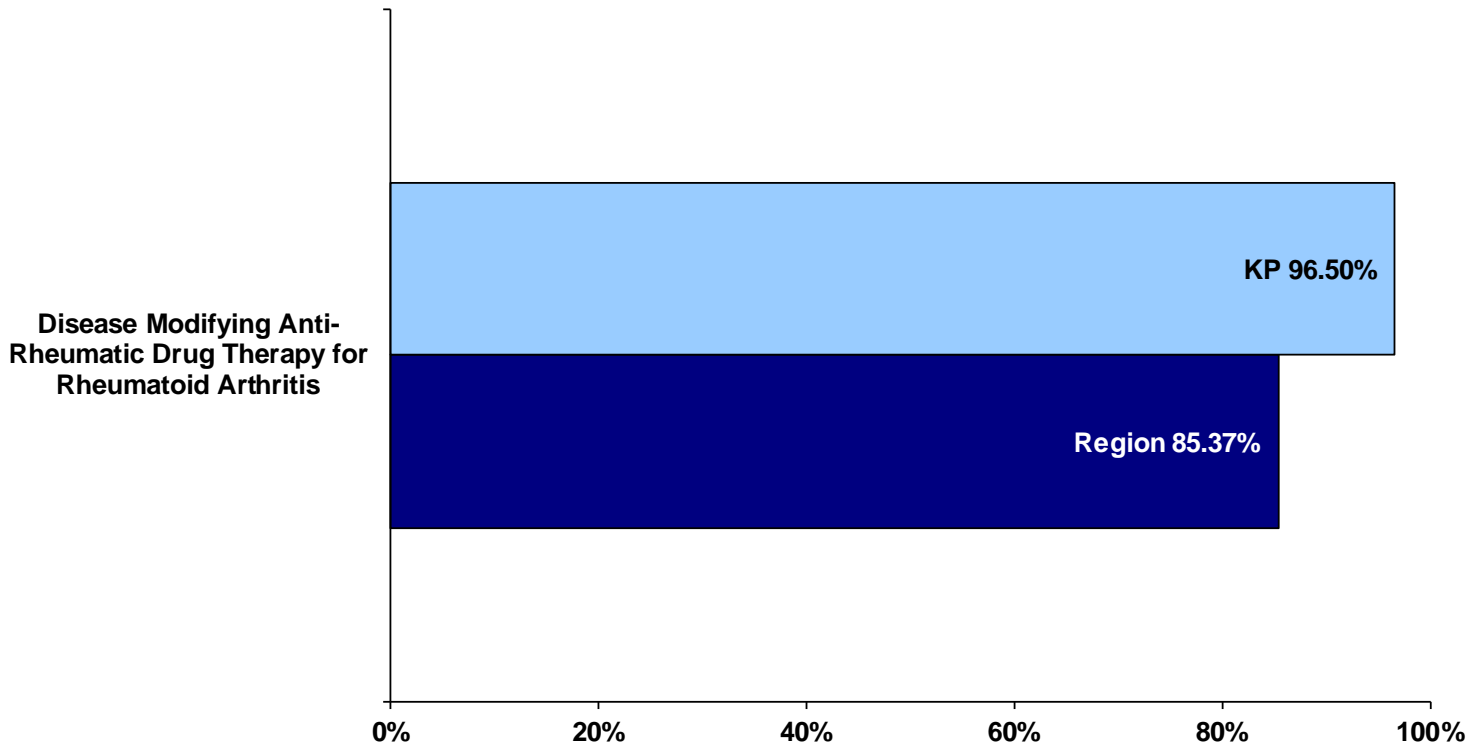


*Region* is the average of organizations reporting to the United States Department of Health and Human Services' Region IX and includes Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, and American Samoa.

**HEDIS 2016 Commercial Behavioral Health Measures**  
**Southern California**

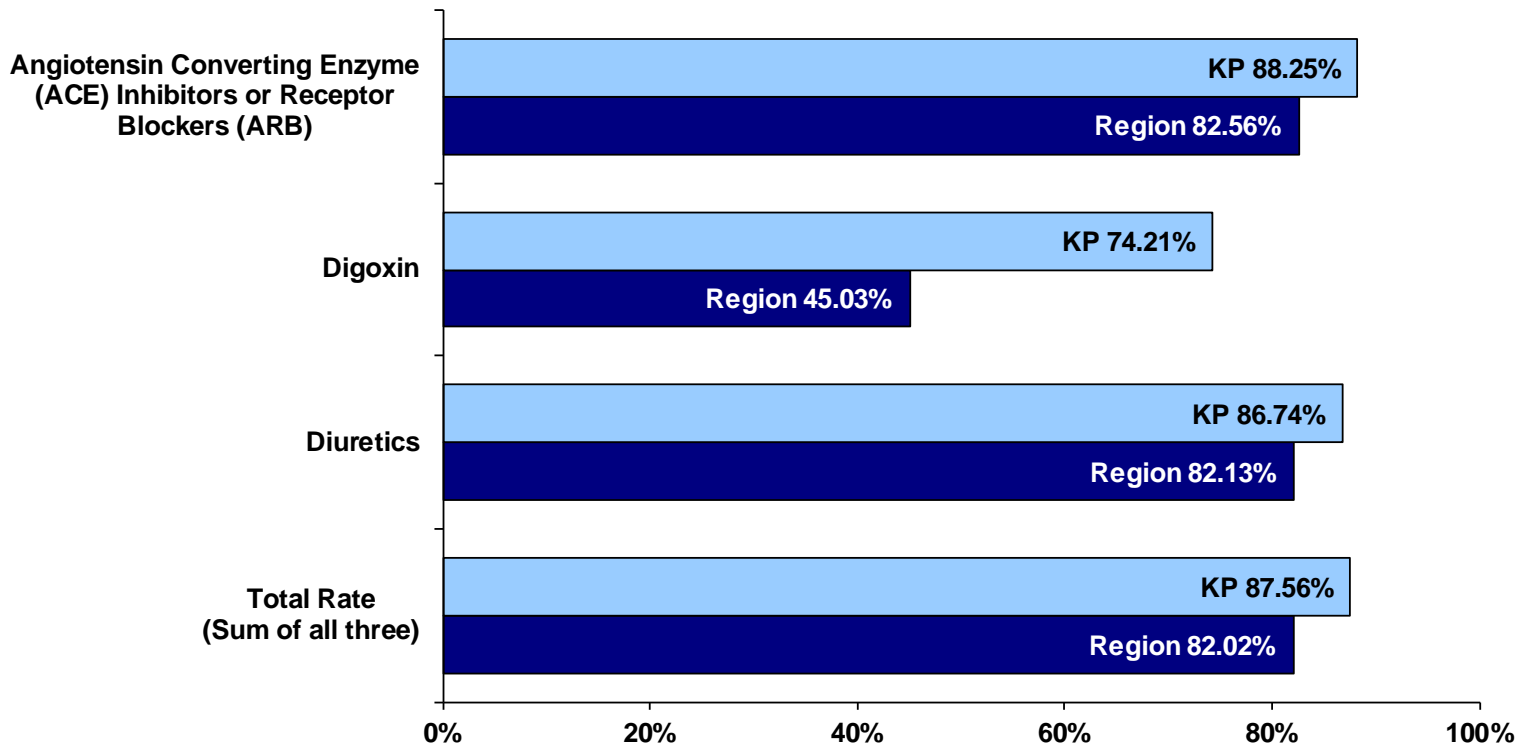


**HEDIS 2016 Commercial Management of Musculoskeletal Conditions Measures**  
**Southern California**

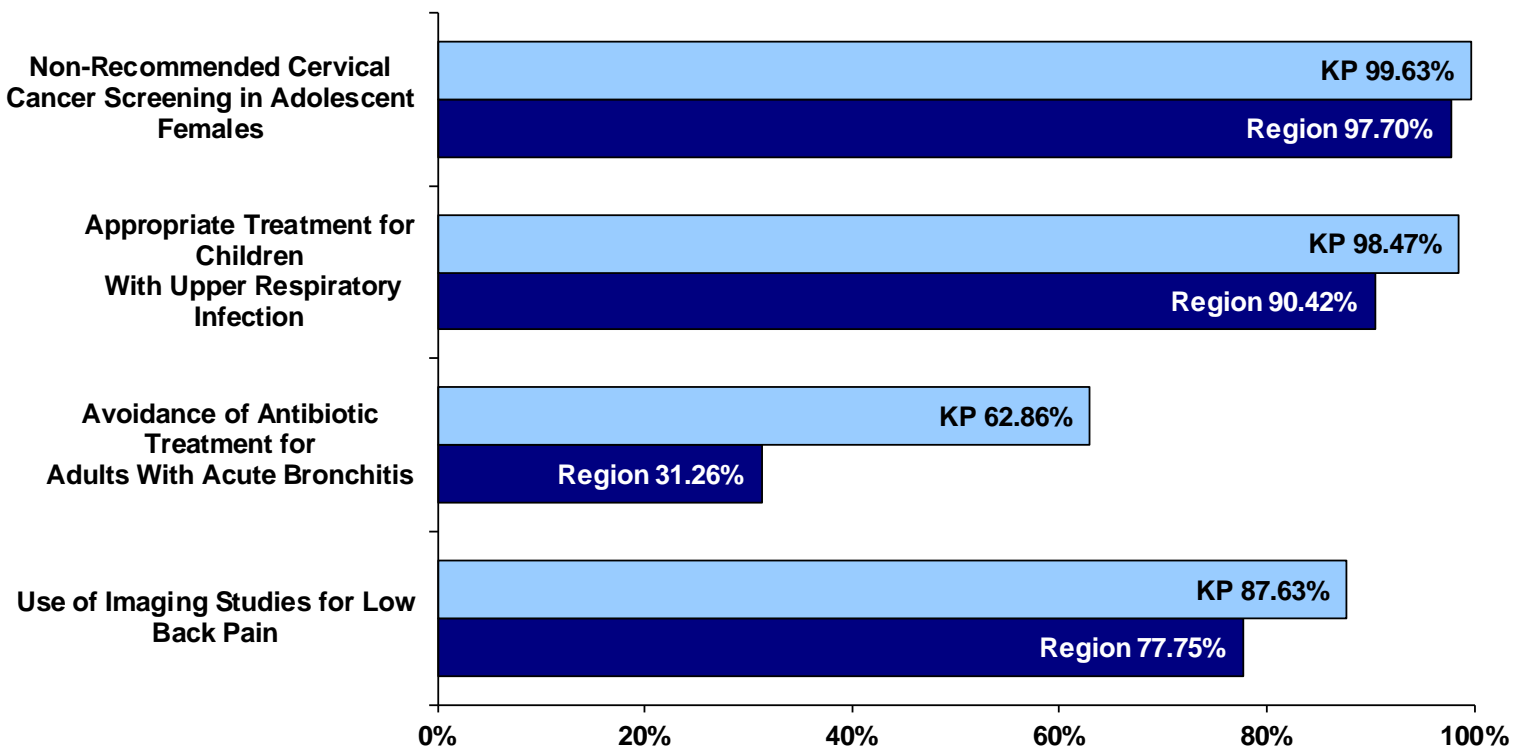


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**HEDIS 2016 Commercial Monitoring of Persistent Medications**  
**Southern California**

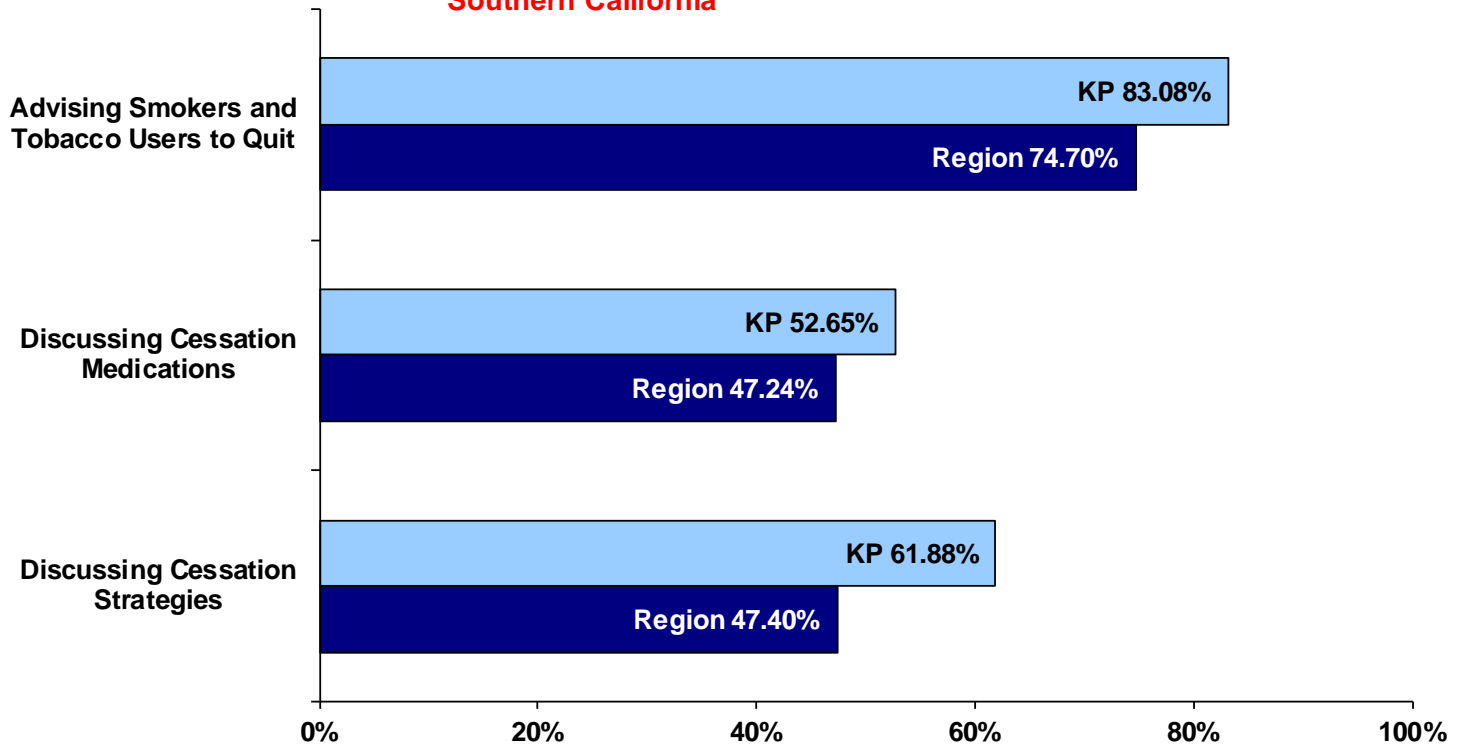


**HEDIS 2016 Commercial Overuse and Appropriateness**  
**Southern California**



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**HEDIS 2016 Commercial Medical Assistance with Smoking & Tobacco Use Cessation Measures**  
**Southern California**

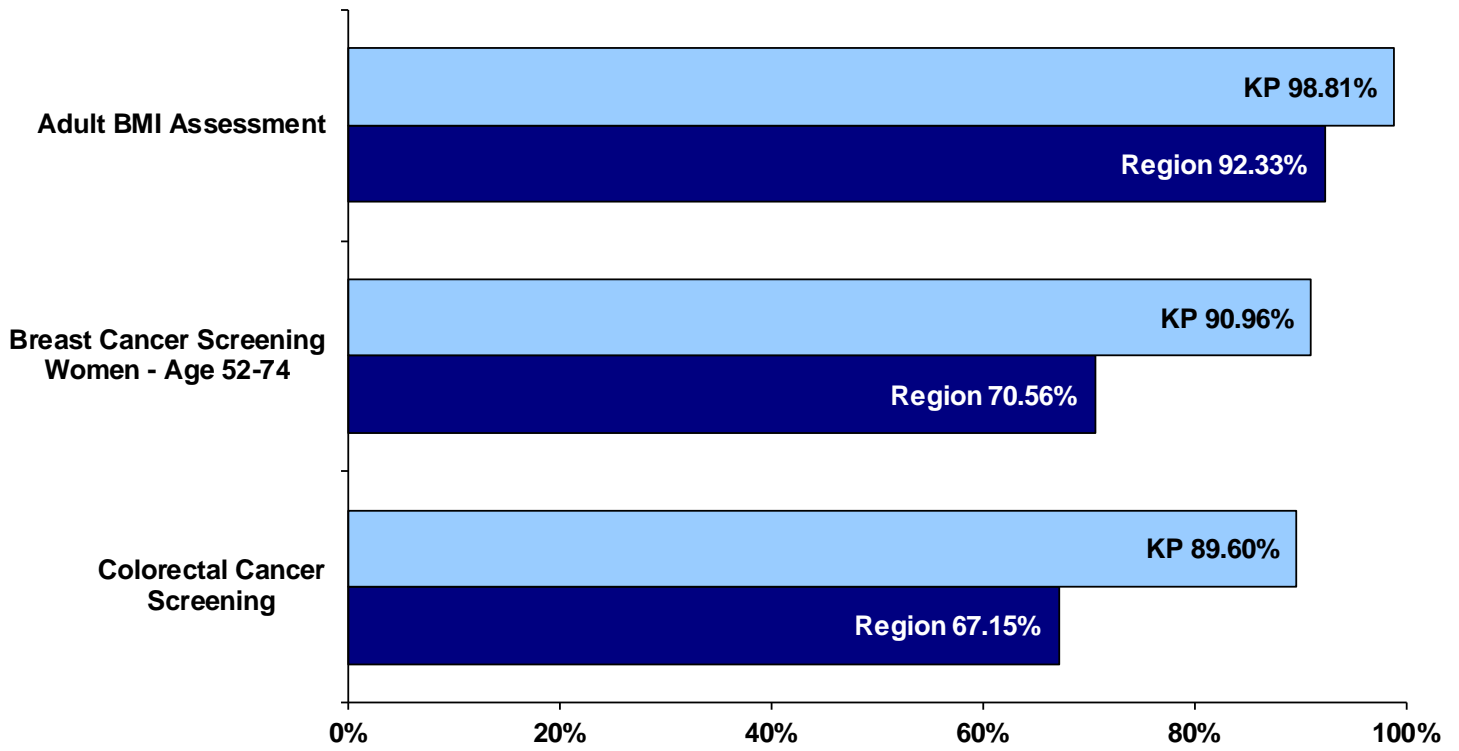


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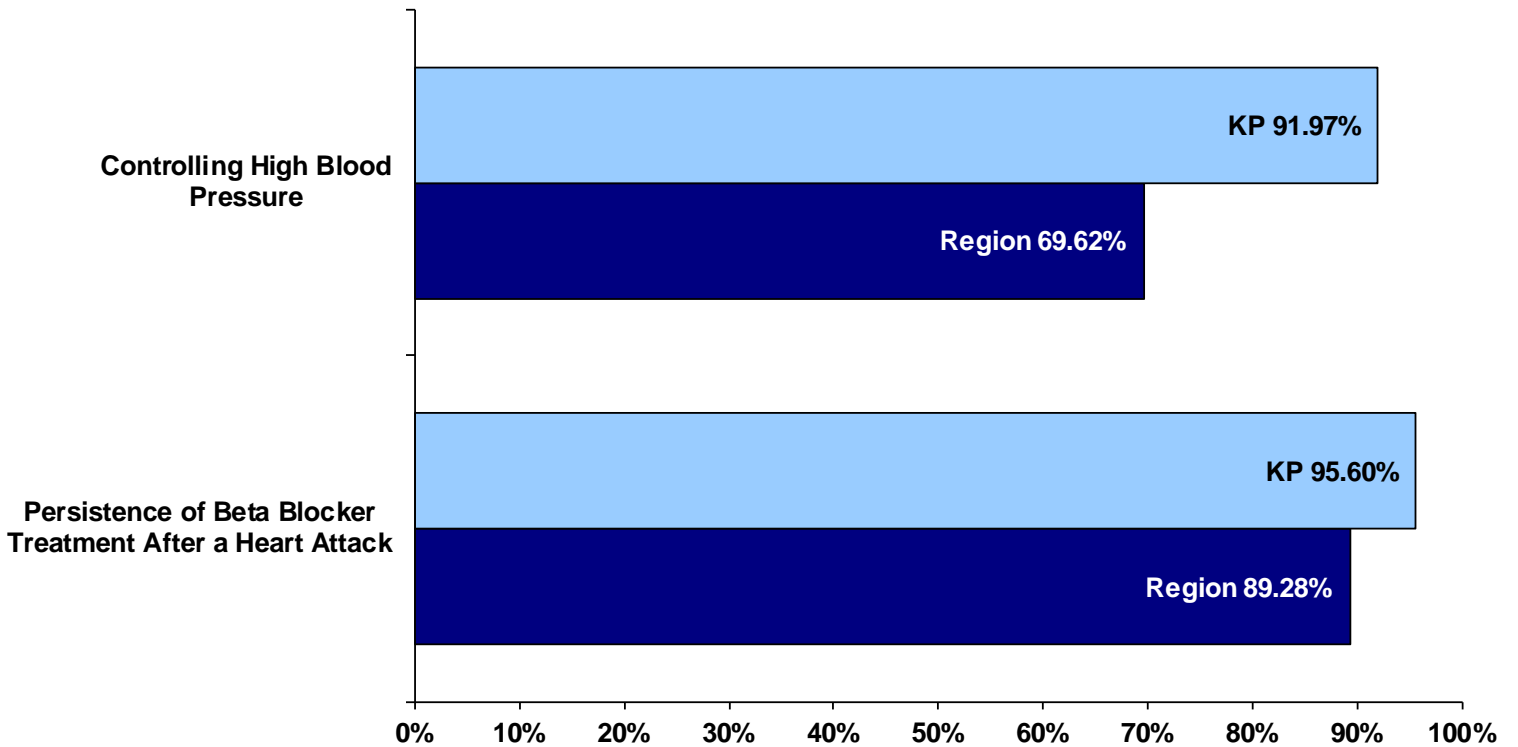


## MEDICARE MEASURES

### HEDIS 2016 Medicare Screening Measures Southern California

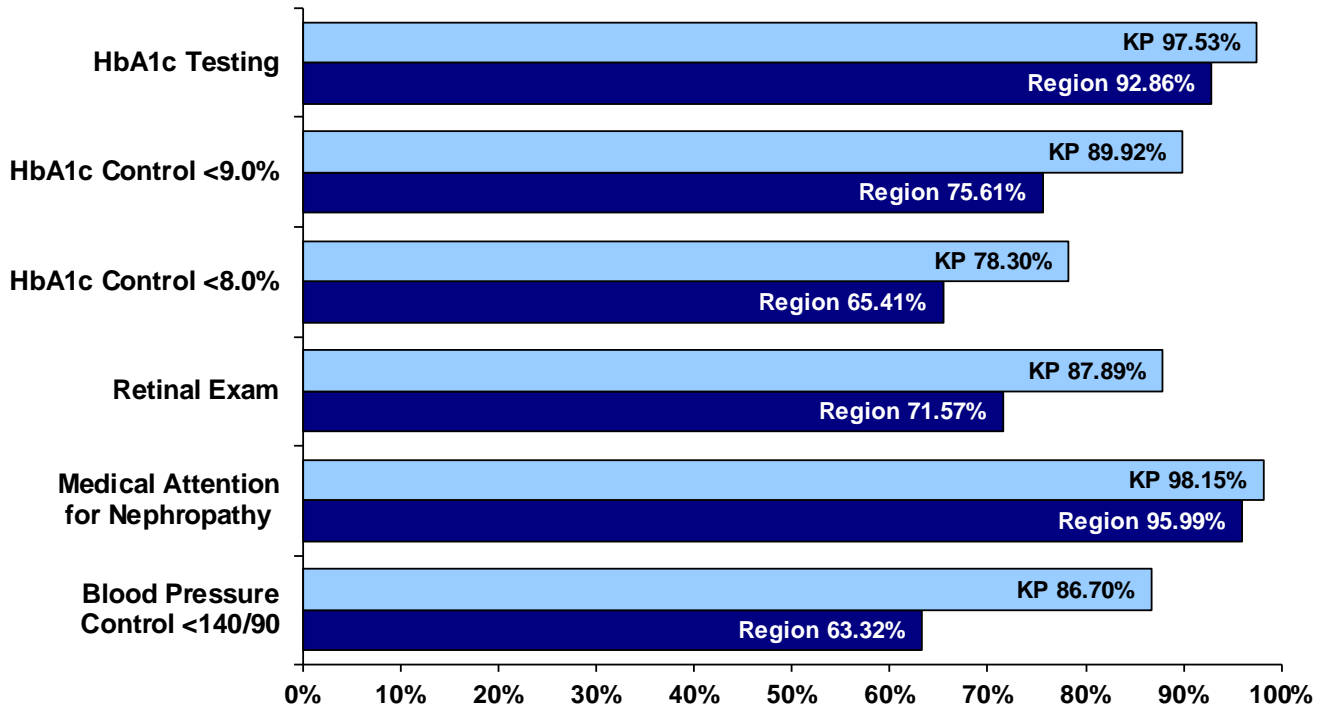


### HEDIS 2016 Medicare Treatment for Cardiovascular Disease Measures Southern California

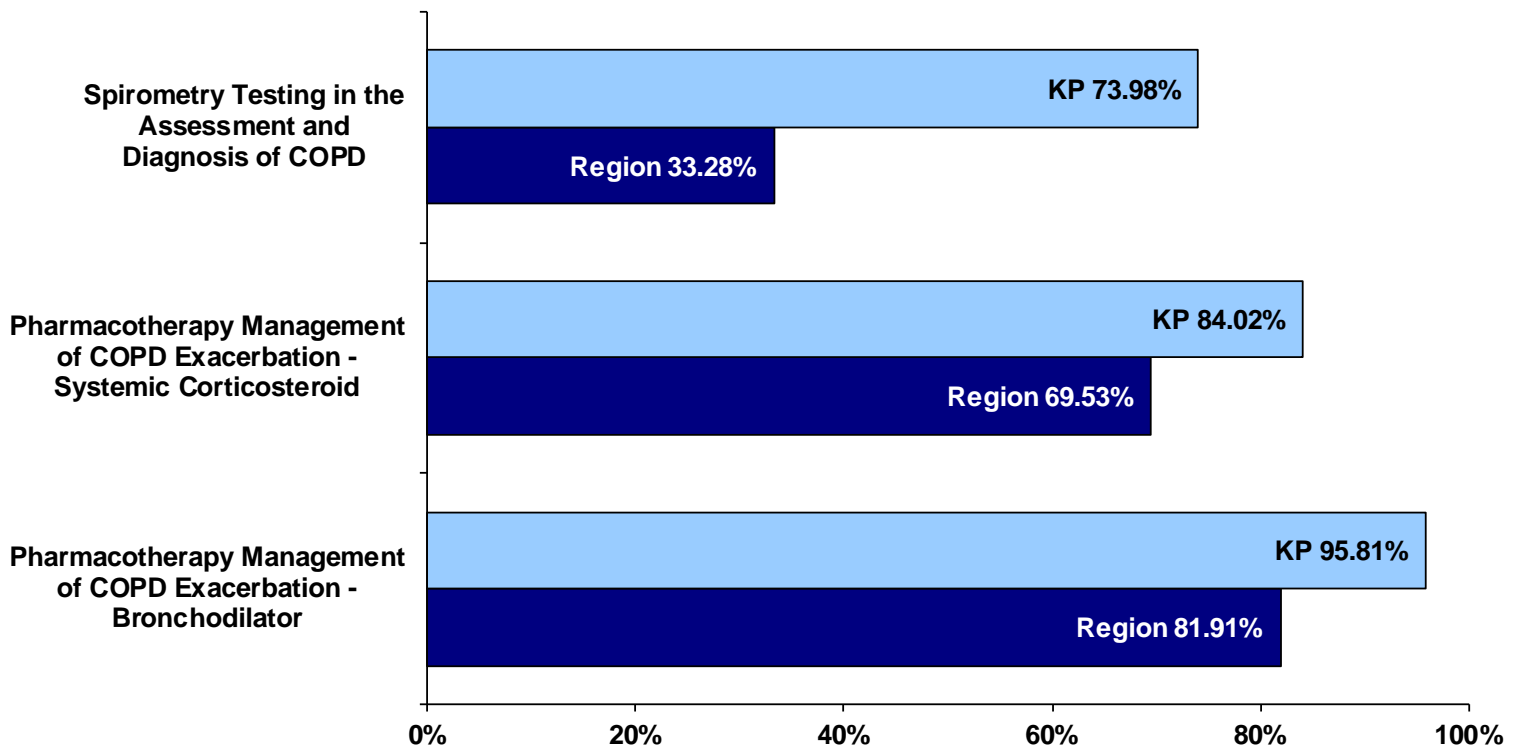


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**HEDIS 2016 Medicare Comprehensive Diabetes Care Measures**  
**Southern California**

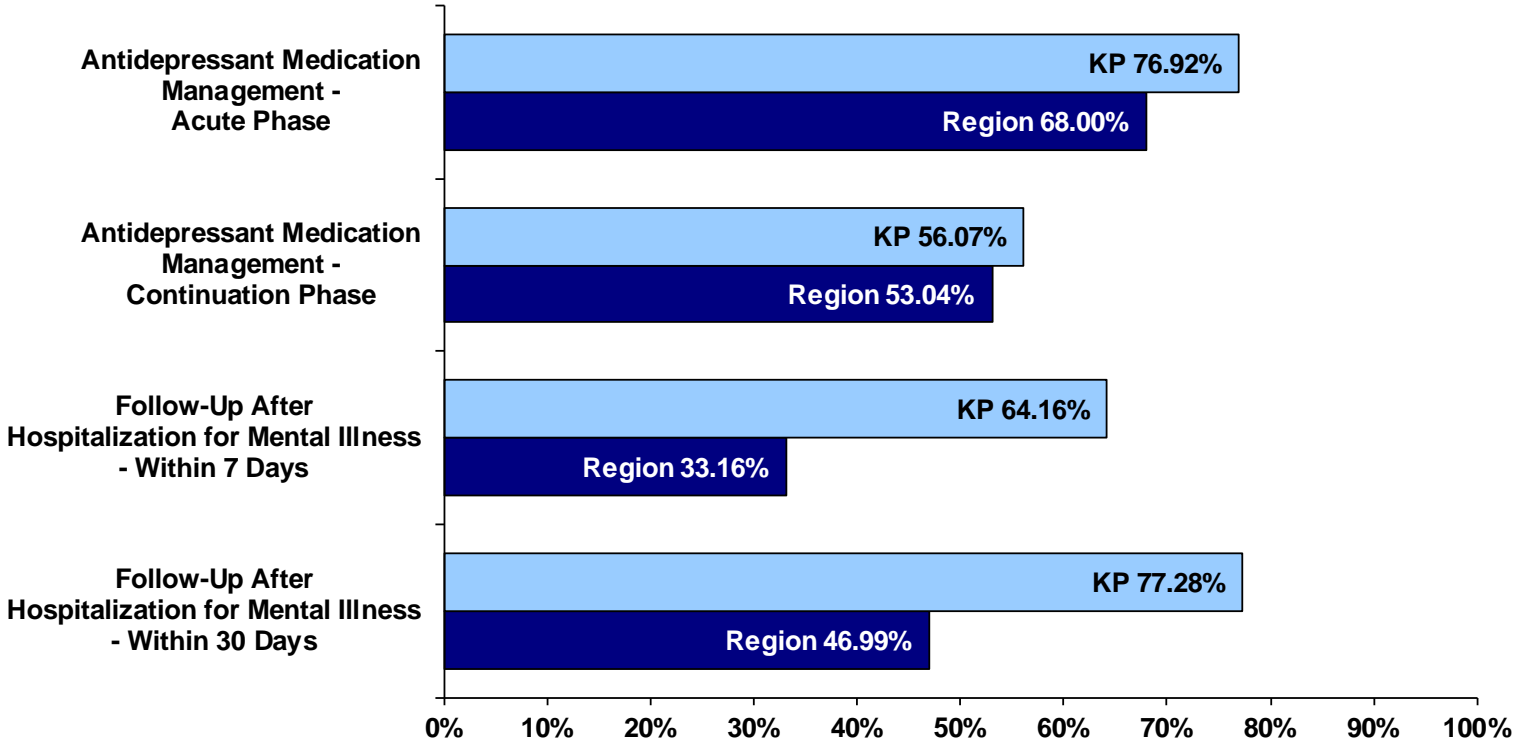


**HEDIS 2016 Medicare Treatment for Respiratory Conditions Measures**  
**Southern California**

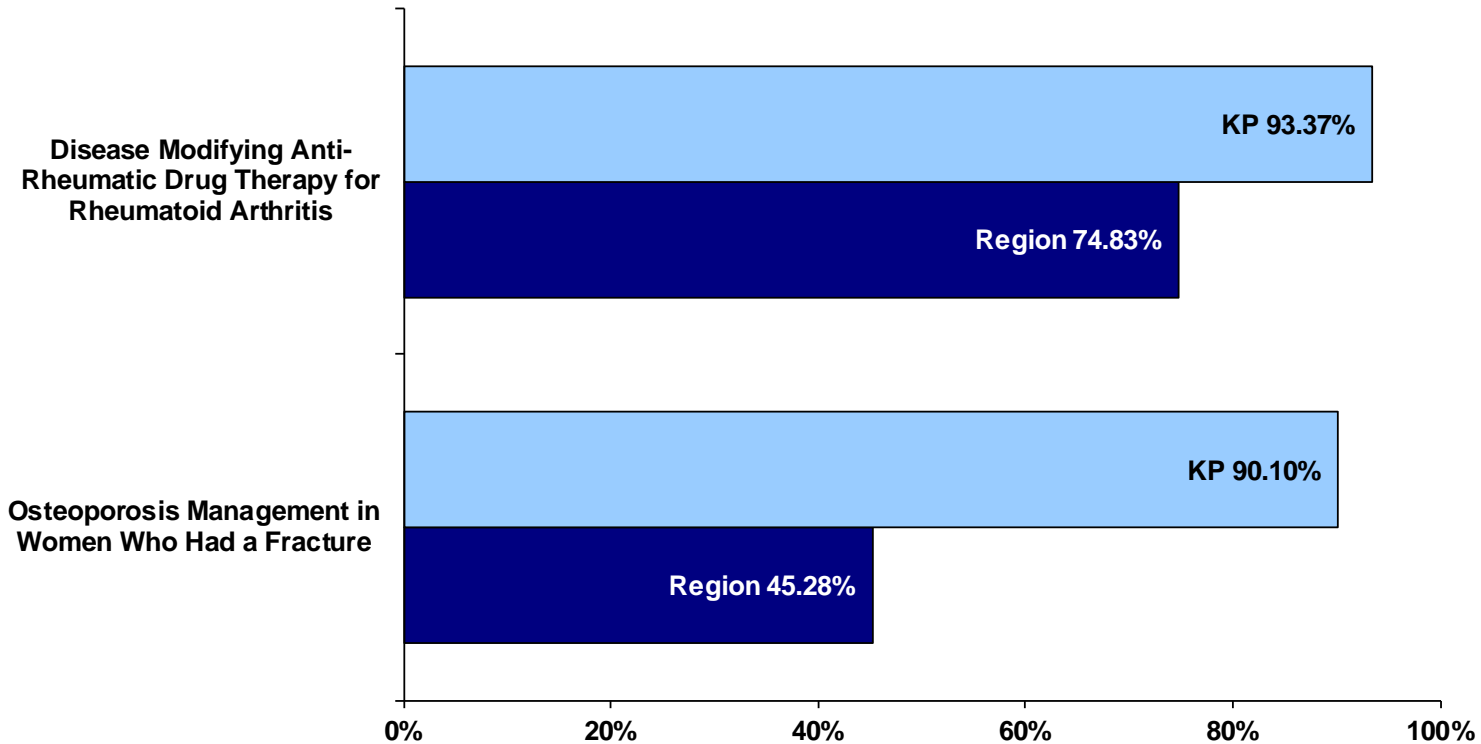


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**HEDIS 2016 Medicare Behavioral Health Measures**  
**Southern California**

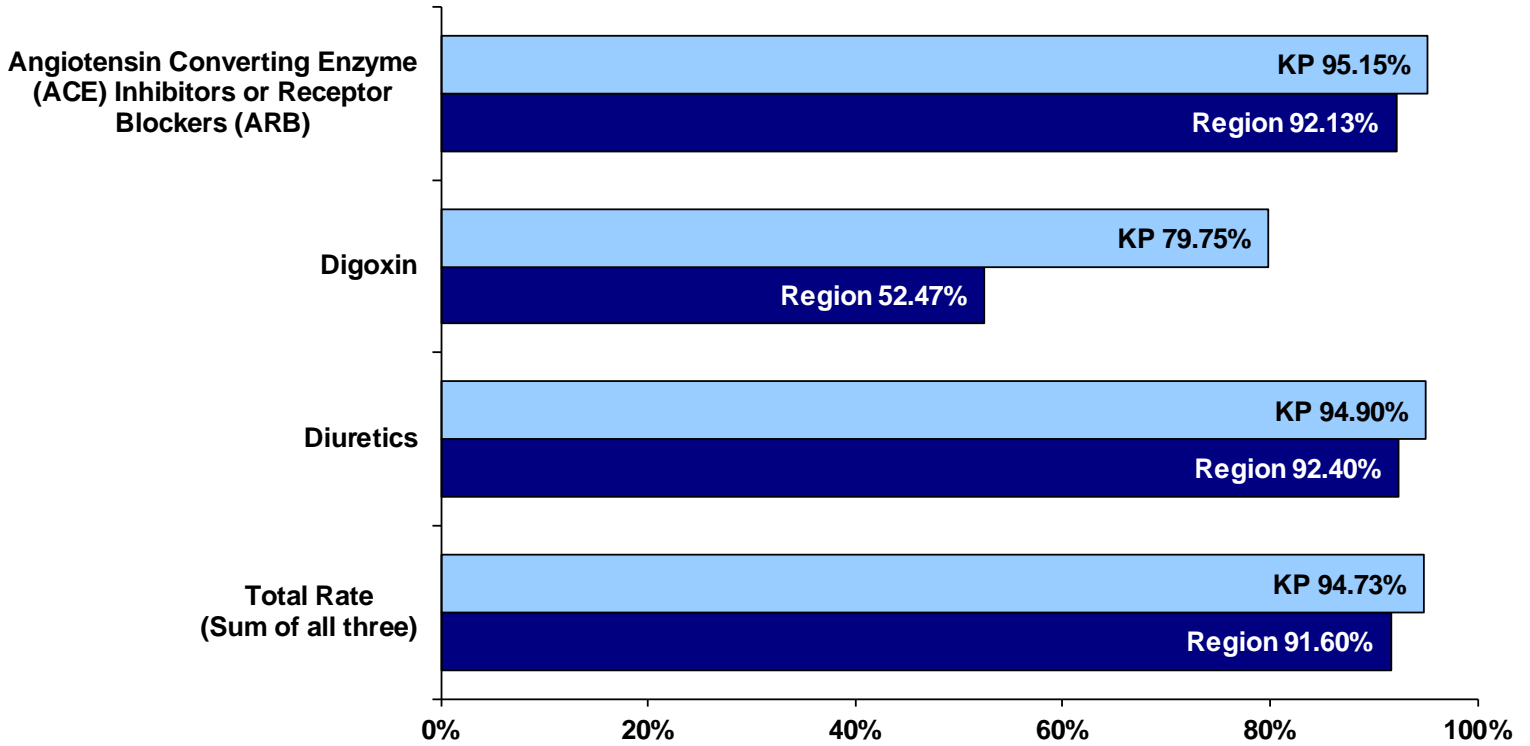


**HEDIS 2016 Medicare Management of Musculoskeletal Conditions Measures**  
**Southern California**

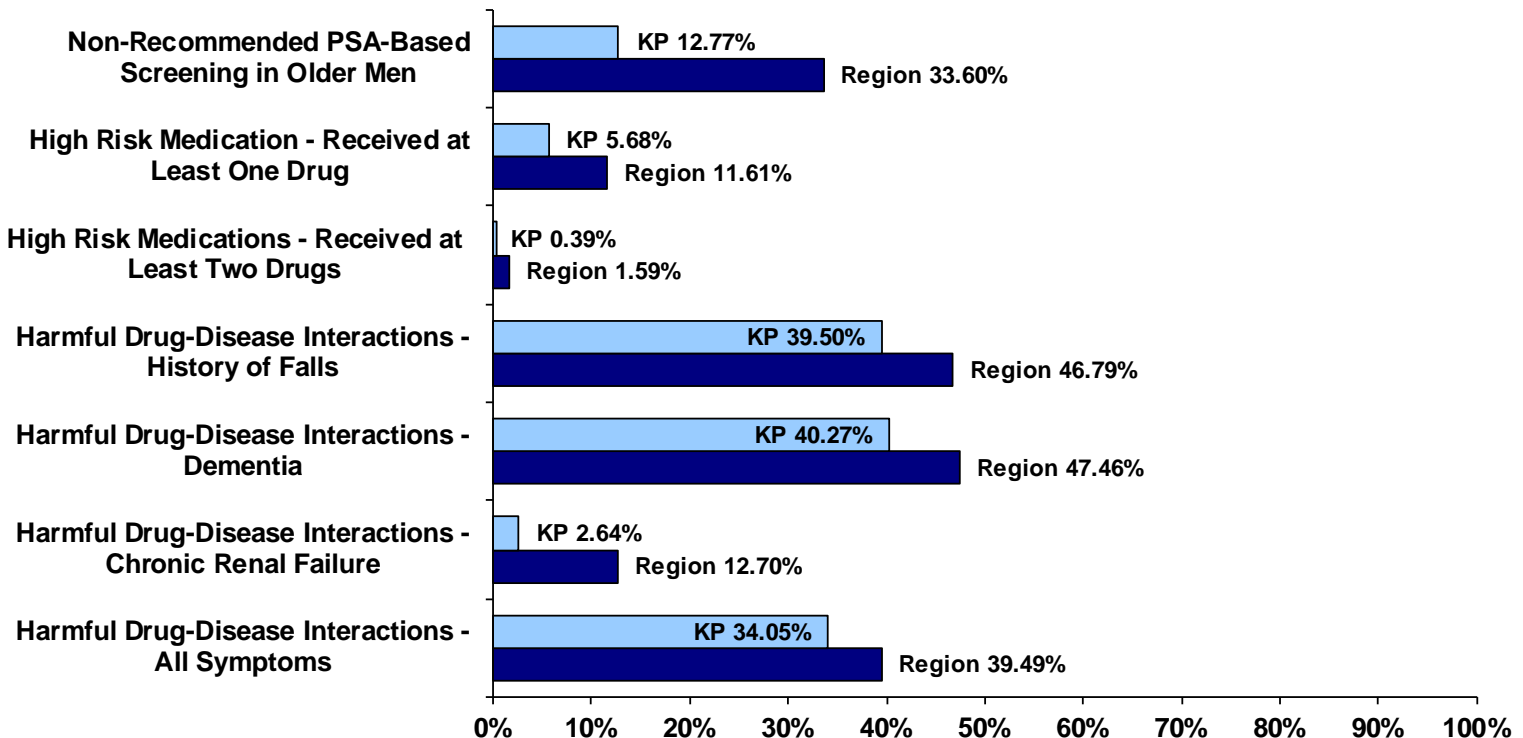


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**HEDIS 2016 Medicare Monitoring of Persistent Medications**  
**Southern California**



**HEDIS 2016 Medicare Overuse and Appropriateness**  
**Southern California**



**Lower Rate Represents Better**

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## Full Descriptions for HEDIS 2016 Effectiveness of Care Measures

Source: HEDIS® 2016 Technical Specifications

### Immunizations and Screenings - Adults

- Adult BMI Assessment: The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) documented during the measurement year or the year prior the measurement year.
- Breast Cancer Screening: The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
- Cervical Cancer Screening: The percentage of women 21–64 years of age who received on or more Pap tests to screen for cervical cancer. *(Note: This is the older definition of this measure. The measure changed to include additional screenings, however, it will not be publically reported this year. Therefore, we are reporting the prior year results).*
- Colorectal Cancer Screening: The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.
- Chlamydia Screening in Women: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
- Flu Vaccinations for Adults Ages 18-64: The percentage of members 18-64 years of age who received an influence vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H survey was completed.
- Flu Vaccinations for Adults Ages 65 and Older: The percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date on which the Medicare CAHPS survey was completed.
- Pneumonia Vaccination Status of Older Adults: The percentage of Medicare members 65 years of age and older who have ever received a pneumococcal vaccine.

### Immunizations and Screenings - Children

- Childhood Immunizations Status: The percentage of children 2 years of age who had the following vaccines by their second birthday:
  - Combination 3: Four diphtheria, tetanus and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), three H influenza type B (HiB), three hepatitis B (HepB), one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccinations (PCV).
  - Combination 10: Four diphtheria, tetanus and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), three H influenza type B (HiB), three hepatitis B (HepB), one chicken pox vaccine (VZV), four pneumococcal conjugate vaccinations (PCV), one hepatitis A (HepA), either the two-dose or three-dose rotavirus vaccine (RV) and two influenza vaccinations.
- Immunizations for Adolescents: The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13<sup>th</sup> birthday.
- Human Papillomavirus Vaccine for Female Adolescents: The percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13<sup>th</sup> birthday.

## **Immunizations and Screenings – Children** *(continued)*

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.
  - BMI Percentile Documentation *(Note: Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value)*
  - Counseling for Nutrition
  - Counseling for Physical Activity

## **Prenatal and Postpartum Care**

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.
- Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

## **Treatment for Cardiovascular Disease**

- Controlling High Blood Pressure: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria:
  - Members 18-59 years of age whose BP was <140/90 mm Hg.
  - Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
  - Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.
- Persistence of Beta-blocker Treatment After a Heart Attack: The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

## **Comprehensive Diabetes Care**

- Comprehensive Diabetes Care: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who have had the following during the measurement year:
  - Hemoglobin A1c (HbA1c) Testing
  - Hemoglobin A1c (HbA1c) Control (<9.0%)<sup>1</sup>
  - Hemoglobin A1c (HbA1c) Control (<8.0%)
  - Hemoglobin A1c (HbA1c) Control (<7.0%) for a selected population<sup>2</sup>
  - Retinal Eye Exams Performed
  - Medical Attention for Nephropathy
  - Blood Pressure Control (<140/90 mm Hg)

<sup>1</sup>A lower rate represents better performance. Measure has been inverted on graph to correspond with the other measures.

<sup>2</sup>Additional exclusion criteria are required for this indicator and it is only reported for the commercial population.

## Treatment for Respiratory Conditions

- Appropriate Testing for Children With Pharyngitis: The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD: The percentage of members 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.
- Pharmacotherapy Management of COPD Exacerbation: The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:
  - Dispensed a systemic corticosteroid within 14 days of the event.
  - Dispensed a bronchodilator within 30 days of the event.
- Medication Management for People With Asthma: The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications, and who remained on an asthma controller medication for at least 75% of their treatment period.
- Asthma Medication Ratio: The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

## Behavioral Health

- Antidepressant Medication Management: The percentage of members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.
  - Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
  - Effective Continuation Phase: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
- Follow-Up Care for Children Prescribed ADHD Medications: The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. Two rates are reported.
  - Initiation Phase: The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
  - Continuation and Maintenance Phase: The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
- Follow-up After Hospitalization for Mental Illness: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial with a mental health practitioner. Two rates are reported.
  - 7 Days: The percentage of members who received follow-up within 7 days of discharge.
  - 30 Days: The percentage of members who received follow-up within 30 days of discharge.

## Musculoskeletal Conditions

- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis: This percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).
- Osteoporosis Management in Women Who Had a Fracture: The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

## Medication Management

- Monitoring for Patients on Persistent Medications: The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Report each of the three rates separately and as a total rate.
  - Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
  - Annual monitoring for members on digoxin.
  - Annual monitoring for members on diuretics.
  - Total rate (the sum of all three).

## Overuse/Appropriateness

- Non-Recommended Cervical Cancer Screening in Adolescent Females<sup>1</sup>: The percentage of female adolescents 16-20 years of age who were unnecessarily screened for cervical cancer.  
*<sup>1</sup>A lower rate represents better performance. Measure has been inverted on graph to correspond with the other measures.*
- Non-Recommended PSA-Based Screening in Older Men: The percentage of men 70 years and older who were screen unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. *(Note: Lower rate represents better performance)*
- Appropriate Treatment for Children With Upper Respiratory Infection: The percentage of children 2-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI *(i.e., the proportion for whom antibiotics were not prescribed)*.
- Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis: The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of adults with acute bronchitis *(i.e., the proportion for whom antibiotics were not prescribed)*.
- Use of Imaging Studies for Low Back Pain: The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. A higher rate indicates appropriate treatment of low back pain *(i.e., the proportion for whom imaging studies did not occur)*.



## **Overuse/Appropriateness** *(continued)*

- **Potentially Harmful Drug-Disease Interactions in the Elderly**: The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Report each of the three rates separately and as a total. *(Note: Lower rate represents better performance)*
  - **History of Falls**: A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants.
  - **Dementia**: Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H<sub>2</sub> Receptor Antagonists, nonbenzodiazepine hypnotics or anticholinergic agents.
  - **Chronic Renal Failure**: Chronic renal failure and prescription Cox-2 Selective NSAIDs or for nonaspirin NSAIDs.
  - Total rate (sum of all three).
- **Use of High-Risk Medications in the Elderly**: *(Note: Lower rate represents better performance)*
  - **At Least One**: The percentage of Medicare members 66 years of age and older who received at least one high-risk medication.
  - **At Least Two**: The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications.

## **Medical Assistance With Smoking and Tobacco Use Cessation**

- **Medical Assistance With Smoking and Tobacco Use Cessation**: The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation.
  - **Advising Smokers and Tobacco Users to Quit**: A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who received advice to quit during the measurement year.
  - **Discussing Cessation Medications**: A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users who discussed or were recommended medications to quit during the measurement year.
  - **Discussing Cessation Strategies**: A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.

*Note: Data for this measure is collected using survey data and reported out over a two year period as a rolling average.*