Technical Specifications Community Checkup Measures

September 2017

About the technical specifications

The 2017 *Community Checkup* relies on three categories of data to produce results:

• The Washington Health Alliance (the Alliance) maintains a robust database that includes health care claims and encounter data from 24 data suppliers. Results for many measures in the Community Checkup are calculated at the medical group, clinic, hospital, county, accountable community of health (ACH) and state levels using this database.

• Results for other measures in the Community Checkup are provided by partner organizations who have agreed to provide de-identified and aggregated results for public reporting. These partners include the Washington State Hospital Association, the Washington State Department of Health, the Washington State Department of Social and Health Services, the Washington State Health Care Authority, the Foundation for Health Care Quality, the National Committee on Quality Assurance (NCQA) and health plans serving Washington state. Results for these measures have been provided at the hospital, health plan, county and state levels.

• Patient experience results (primary care) are from a survey on patient experience administered every 2 years by the Center for the Study of Services (CSS) on behalf of the Washington Health Alliance. Patient experience results (hospital) are from Centers for Medicare & Medicaid Services (CMS) Hospital Compare and are updated quarterly.

The specifications provide information about the source, reporting period, and measure logic for all results included in the Community Checkup. Additional measures with data sources other than those presented below are described within the technical specification.

Measures sourced from the Washington Health Alliance Database

The medical group and clinic measures used in the Community Checkup report are primarily based on the Healthcare Effectiveness Data and Information Set (HEDIS®) specifications developed by NCQA. HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality. All other non-HEDIS measures are noted accordingly. The results for many of the measures that the Alliance produces are reported at the clinic level. In order to report at this level, the Alliance must assign or "attribute" the care of a patient to an individual clinician. This document includes the methodology used for the attribution process. The results in the report are based on administrative claims data with a measurement year of July 1, 2015 through June 30, 2016.

For all measures where NCQA is the measure steward, the Washington Health Alliance summarizes NCQA descriptions of numerators and denominators. For more detailed information, please refer to the NCQA HEDIS specifications directly. To obtain detailed specifications regarding HEDIS measures, including eligibility definitions, age ranges, procedure codes, diagnosis codes, specified dates of service, exclusions, continuous eligibility requirements, etc. please reference HEDIS 2016 Volume 2: Technical Specifications for Health Plans, NCQA, Copyright 2015. NCQA specifications may be purchased by contacting Customer Support at 888-275-7585 or www.ncqa.org/publications

Health Plan results

The primary source for health plan results is Quality Compass® 2017 and is used with the permission of the NCQA. Quality Compass® 2017 health plan results are produced from information submitted for calendar year 2016. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion.

Measures sourced from the Washington State Department of Health

Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS), supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047-02, -03. The Washington State Immunization Information System is a lifetime registry that tracks immunization records for people of all ages in Washington State (denominators are based on birth certificate entries). It is a secure, Web-based tool for healthcare providers and schools administered by the Department of Health DOH. Results are based upon immunizations that occurred between January 1 – December 31, 2016.

Table: Information about measure specifications

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Access to Care Measures:					
Adult access to primary care - ages 20-44 - ages 45-64 - ages 65+	Comparison of rate to statewide rate - higher rate is better	For commercially insured: adults who had a preventive care visit in the past 3 years. For Medicaid insured: adults with a preventive care visit in the past year. Report each of the three age ranges separately.	**Eligible adults are defined as:** Adults age 20 and older as of the last date in the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Child and adolescent access to primary care - ages 12-19 years - ages 7-11 years - ages 2-6 years - ages 12-24 months	Comparison of rate to statewide rate - higher rate is better	The number of children age 12 months to 6 years with a primary care physician (PCP) visit in the past year, or the number of children age 7 to 19 with a PCP visit in the past 2 years. Report each of the four age ranges separately.	**Eligible children are defined as:** Children age 12 months to 19 years as of the last date in the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Asthma & COPD measures:					
Managing medications for people with asthma	Comparison of rate to statewide rate - higher rate is better	The number of patients age 5 to 64 identified as having persistent asthma who were dispensed appropriate medications and remained on them for at least 75% of the period between the initial prescription during the measurement year through the end of the measurement year.	**Eligible people with asthma are defined as:** Patients age 5 to 64 during the measurement year who were identified as having persistent asthma because of at least four asthma medication dispensing events*, at least one emergency department visit with asthma as the primary diagnosis, at least one acute patient discharge with asthma as the principal diagnosis, or at least four outpatient asthma visits and dispensed at least two asthma medications. **Exclusions:** Exclude from the eligible population all members diagnosed with emphysema, COPD, cystic fibrosis, chronic bronchitis or acute respiratory failure at any time in the patient's history up through the last day of the measurement year. *A member identified as having persistent asthma because of at least four asthma medication events, where leukotriene modifiers were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma in the same year as the leukotriene modifier.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS®2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Spirometry testing to assess and diagnose COPD	Comparison of rate to statewide rate - higher rate is better	The number of patients age 40 and older with a new diagnosis of COPD (Chronic Obstructive Pulmonary Disease) or newly active COPD who had appropriate spirometry testing to confirm diagnosis. This testing should occur in the 2 years before the diagnosis of COPD or up to 180 days after the diagnosis.	**Adults with COPD are defined as:** Patients age 40 and older with a new diagnosis of COPD or newly active COPD during the measurement year. Exclusions: Members who had an outpatient, ED or acute inpatient visit with a COPD diagnosis during the 2 years prior to the episode date.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Hospitalization for COPD or asthma	Rate per 100,000 enrollees	Hospital admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma for people age 40 and older; this measure is reported as a rate per 100,000 population and excludes obstetric admissions and transfers from other institutions.	**Eligible population is described as:** Enrollees age 40 and over during the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database AHRQ
Diabetes Measures:					
Poor control of blood sugar (HbA1c) for people with diabetes	Rate compared to NCQA benchmarks - lower rate is better	The number of patients age 18 to 75 with diabetes (type 1 and type 2) who had an HbA1c test with a result >9.0% or does not have a test result during the measurement year.	**Patients with Diabetes are defined as:** Patients age 18 to 75 as of the last day of the measurement year: a. who were dispensed insulin or a hypoglycemic/anti-hyperglycemic on an ambulatory basis during the measurement year or year prior; or, b. who had two face-to-face encounters with different dates of service in an outpatient,	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2017

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Blood sugar (HbA1c) testing for people with diabetes	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 to 75 diagnosed with diabetes (type 1 and type 2) whose blood sugar was tested using an HbA1c test by a doctor or other health care provider at least once in the 1-year measurement period.	observation, emergency department (ED) or non-acute inpatient setting with a diagnosis of diabetes on different dates during the measurement year or year prior; or, c. with one face-to-face encounter in an acute inpatient setting with a diagnosis of diabetes during the measurement year or year prior. **Exclusions:** Patients with gestational diabetes, steroid-induced diabetes, or polycystic ovaries who did not have any face-to-face encounters with a diagnosis of diabetes. For gestational and steroid-induced diabetes, the diagnosis can occur during the measurement year or the year prior to the measurement year. For patients with polycystic ovaries, the diagnosis can come at any point in the patient's history. All diagnoses must have occurred by the last day of the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Blood pressure control for people with diabetes	Rate compared to NCQA benchmarks - higher rate is better	The number of patients age 18 to 75 with diabetes (type 1 and type 2) who had a blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter during the measurement year.		Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Eye exam for people with diabetes	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 to 75 diagnosed with diabetes (type 1 and type 2) who had an eye exam at least once in a 2 year period or, if there is evidence of eye disease, during the measurement period. Specifically, the eye exam is a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist). A negative retinal eye exam result is not necessary to count towards the numerator for exams occurring in the year prior to the measurement year due to the lack of clinical data available. Evidence that a retinal eye screening occurred without result data in either the measurement year or year prior to the measurement year will suffice for meeting the numerator requirement.		Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Kidney disease screening for people with diabetes	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 to 75 with diabetes (type 1 and type 2) who had a kidney screening test or were treated for kidney disease (nephropathy) or who have already been diagnosed with kidney disease, at least once during the 1-year measurement period. Evidence of nephropathy includes a nephrologist visit, a positive urine macroalbumin test as documented by claims, or treatment with ACE inhibitor/ARB therapy.		Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

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Generic Prescriptions Measures:					
Stomach acid medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for antacids to reduce chronic stomach or gastric acid (proton pump inhibitors or PPIs) that were filled with a generic PPI anytime during the 1 year measurement period.	**Prescribing event is defined by:** A prescription for at least a 30-day supply of PPIs, both brand-name and generic, during the 12 month measurement year. See Appendix C for details.	Jul. 2015 - Jun. 2016	Washington Health Alliance database Alliance Pharmacy Clinical Iimprovement Team (CIT)/Generics Task Force
Antidepressant medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for at least a 30-day supply of antidepressants that were filled with a generic drug anytime during the 1 year measurement period.	**Prescribing event is defined by:** A prescription for at least a 30-day supply of antidepressants, both brand-name and generic, during the 12 month measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database Alliance Pharmacy CIT/Generics Task Force
Attention-Deficit/Hyperactivity Disorder (ADHD) medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for at least a 30-day supply of ADHD drugs that were filled with a generic drug anytime during the 1 year measurement period.	**Prescribing event is defined by:** A prescription for at least a 30-day supply of ADHD drugs, both brand-name and generic, during the 12 month measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database Alliance Pharmacy Generics Task Force
Cholesterol-lowering medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of all prescriptions for at least a 30-day supply of statins that were filled with a generic drug anytime during the 1 year period.	**Prescribing event is defined by:** A prescription for at least a 30-day supply of statins, both brand-name and generic, during the 12 month measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database Alliance Pharmacy CIT/Generics Task Force

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High-blood pressure medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for at least a 30-day supply of Angiotensin-converting enzyme (ACE) inhibitor or Angiotensin II receptor blockers (ARBs) that were filled with a generic drug anytime during the 1 year measurement period.	**Prescribing event is defined by:** A prescription for at least a 30-day supply of ACE inhibitors or ARBs, both brand-name and generic, during the 12 month measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database Alliance Pharmacy CIT/Generics Task Force
Health Screenings Measures:					
Adolescent well-care visits	Comparison of rate to statewide rate - higher rate is better	Members with at least one comprehensive well-care visit with a Primary Care Physician (PCP) or OB/GYN practitioner during the measurement year.	**Eligible adolescents are described as:** Continuously enrolled members age 12 to 21 by the end of the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Well-child visits (first 15 months of life)	Comparison of rate to statewide rate - higher rate is better	The number of 15 month old children, during the measurement year, who had six or more visits with a primary care provider during their first 15 months of life.	**Eligible children are defined as:** The number of children who turned 15 months old during the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Well-child visits (ages 3 - 6 years)	Comparison of rate to statewide rate - higher rate is better	The number of children age 3 to 6 who had one or more well-child visits with a primary care provider during the measurement year.	**Eligible children are defined as:** Children age 3 to 6 as of the last date in the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Breast cancer screening	Comparison of rate to statewide rate - higher rate is better	The number of women age 50 to74 who had at least one mammogram screening for breast cancer on or between the first day of the year 2 years prior and the last day of the measurement year. Exclusion (optional): Bilateral mastectomy any time during a member's history or more than one gap in enrollment during measurement period.	**Eligible women are described as:** Women age 50 to 74 by the end of the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Cervical cancer screening	Comparison of rate to statewide rate - higher rate is better	The number of women age 21 to 64 who had a Pap test in the past 3 years (begins at age 24 to allow 3 year look back), or women 30 to 64 who had a Pap test and HPV test every 5 years. Exclusion (optional): Members who have had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix at any time during their history, through the end of the measurement year.	**Eligible women are described as:** Women age 21 to 64 by the end of the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

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Chlamydia screening	Comparison of rate to statewide rate - higher rate is better	The number of women age 16 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Exclusion (optional): Members who had a pregnancy test during the measurement year followed within 7 days by either a prescription for isotretinoin or an x-ray.	**Eligible women are described as:** Women age 16 to 24 by the end of the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Colon cancer screening	Comparison of rate to statewide rate - higher rate is better	The number of adults age 50 to 75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test; flexible sigmoidoscopy every 5 years; or colonoscopy every 10 years. Exclusion (optional): Members who had a total colectomy or who were diagnosed with colorectal cancer at any time in their history, through the end of the measurement year.	**Eligible adults are described as:** Adults age 50 to 75 by the end of the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Hearing test for infants (ages 0-3 months)	Comparison of rate to statewide rate - higher rate is better	The number of infants born in calendar years 2011-2015 who did not pass their final hearing screen and whose age is less than 91 days at the time they received diagnostic confirmation as deaf/hard of hearing or as not having a hearing loss.	Total number of infants born in calendar years 2011-2015 who did not pass their final hearing screen.	Jan. 2011 – Dec. 2015	Washington State Department of Health, CDC CDC

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Heart Disease Measure:					
Statin therapy for patients with cardiovascular disease	Comparison of rate to statewide rate - higher rate is better	The number of males age 21 to 75 and females age 40 to 75 by the end of the measurement year with atherosclerotic cardiovascular disease (ASCVD), who received a moderate to high intensity statin during the measurement year.	**Eligible adults are described as:** Males age 21 to 75 and females age 40 to 75 by the end of the measurement year with ASCVD, identified by: inpatient stay with a myocardial infarction (MI) or coronary artery bypass grafting outcome (CABG), or visits in any setting with a percutaneous coronary intervention (PCI) or other revascularization procedure. **Exclusions:** pregnancy, IVF, Cirrhosis, ESRD, clomiphene prescription or myalgia, myositism myopathy or rhabdomyolysis.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Medication Safety Measures:					
Taking cholesterol-lowering medications as directed	Comparison of rate to statewide rate - higher rate is better	This measure focuses on patient adherence to prescribed cholesterol medications by considering the number of days the patient had access to at least one drug in the statin medication class based on the prescription fill date and the days of supply. The proportion of days covered (PDC) rate must be at least 80 percent to meet the numerator.	**Adults with coronary artery disease are defined as:** Adults age 18 or older with at least two filled prescriptions for statin medications during the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database Pharmacy Quality Alliance (PQA)

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Taking diabetes medications as directed	Comparison of rate to statewide rate - higher rate is better	This measure focuses on patient adherence to prescribed diabetes medications by considering the number of days the patient had access to at least one drug in the diabetes medications class based on the prescription fill date and the days of supply. The proportion of days covered (PDC) rate must be at least 80 percent to meet the numerator. Exclusions: Members with one or more prescriptions for insulin during the measurement period.	**Eligible adults are described as:** Adults age 18 or older with at least two filled prescriptions for diabetes medications during the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database PQA
Taking hypertension medications as directed	Comparison of rate to statewide rate - higher rate is better	This measure focuses on patient adherence to prescribed hypertension (high blood pressure) medications by considering the number of days the patient had access to at least one drug in the RAS Antagonist medications class based on the prescription fill date and the days of supply. The PDC rate must be at least 80 percent to meet the numerator.	**Eligible adults are described as:** Adults age 18 or older with at least two filled prescriptions for hypertension medications during the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database
Monitoring patients on high-blood pressure medications	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 and older who received at least 180 treatment days of ACE inhibitors or ARBs during the measurement year and who had at least one monitoring event (serum potassium and serum creatinine) in the measurement year.	**Eligible adults are described as:** Adults age 18 and older who received ACE inhibitors or ARBs and had at least one monitoring event during the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Behavioral Health Measures:					
Staying on antidepressant medication (12 weeks)	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 and older newly diagnosed with depression, who were prescribed (as determined by prescription fills) an antidepressant medication, and remained on an antidepressant for at least 12 weeks (i.e., effective acute treatment phase).	**Patients with Depression are defined as:** Patients age 18 and older as of the last day of the fourth month of the measurement year diagnosed with a new episode of major depression during the measurement year and prescribed antidepressant medication. **Exclusions:** Patients who had a claim/encounter for any diagnosis of major depression or prior episodes of depression during the 120 days prior to the episode start date. Exclude patients who did not fill a prescription for an antidepressant medication 30 days prior to the prescription start date through 14 days after the episode start date. Exclude patients who filled a prescription for an antidepressant medication 90 days prior to the episode start date.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Staying on antidepressant medication (6 months)	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 and older newly diagnosed with depression, who were prescribed (as determined by prescription fills) an antidepressant medication, and continued taking an antidepressant for at least 6 months (i.e., effective continuation phase).		Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Hospital readmissions within 30 days (psychiatric conditions)	Rate - lower is better	Medicaid enrollees, age 18 to 64, who had an acute readmission for a psychiatric diagnosis within 30 days of initial psychiatric acute admission during the measurement year.	Medicaid enrollees, age 18 to 64, with an acute inpatient psychiatric admission during the measurement year and were continuously enrolled from 1 year prior to index admission through the month after index admission.	Jan. 2016 - Dec. 2016	Washington State Department of Social and Health Services (DSHS)/ Washington State Health Care Authority (HCA) (Medicaid Only) DSHS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Follow-up after hospitalization for mental illness within 7 days	Rate compared to NCQA benchmarks - higher rate is better	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 7 days of discharge (includes: outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge).	The number of all discharges (for Medicaid population age 6 or older as of discharge date) from an acute inpatient setting with a principal diagnosis of mental illness in the first 11 months of the measurement year.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions. NCQA HEDIS® 2017
Follow-up after hospitalization for mental illness within 30 days	Comparison of rate to statewide rate - higher rate is better	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days of discharge (includes: outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge).	The number of all discharges (for Medicaid population age 6 or older as of discharge date) from an acute inpatient setting with a principal diagnosis of mental illness in the first 11 months of the measurement year.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions. NCQA HEDIS® 2017
Follow-up care for children prescribed ADHD medication - initiation phase	Comparison of rate to statewide rate - higher rate is better	Children age 6 to 12 by the index date with an ambulatory prescription for ADHD medication and one follow-up prescribing practitioner visit during the 30 day Initiation Phase.	Children age 6 to 12 by the index date who were dispensed an ADHD medication during the measurement period.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions. NCQA HEDIS® 2017

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Follow-up care for children prescribed ADHD medication - continuation & maintenance phase	Comparison of rate to statewide rate - higher rate is better	Children age 6 to 12 by the index date with an ambulatory prescription for ADHD medication, who remained on the medication for at least 210 days and had two or more additional follow-up visits within 270 days of the Initiation Phase.	Children age 6 to 12 by the index date who were dispensed an ADHD medication during the measurement period.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions. NCQA HEDIS® 2017
Adult mental health status	Comparison of rate to statewide rate - lower rate is better	Survey respondents who reported having poor mental health for 14 or more days in the past 30 days during the measurement period.	Respondents to the BRFSS telephone survey who were at least age 18 by the end of the measurement period, living in Washington State and answered the question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"	Jan. 2013 - Dec. 2015	DOH/BRFSS Washington State Behavioral Risk Factor Surveillance System (BRFSS)
Mental health services for children	Comparison of rate to statewide rate - higher rate is better	Children, age 6 to 17 with a mental health service need who received at least one qualifying service during the measurement year, including: - Mental health service modality - Visit with a qualifying specialist - Qualifying mental health procedure - Primary care service with qualified provider specialty and mental health-related diagnosis.	Children, age 6 to 17 by the end of the measurement period meet the mental health service need, including: receipt of a mental health service or diagnosis, or psychotropic medication within the measurement year or the year prior.	Jan. 2016 - Dec. 2016	Health Plans and Washington State Department of Social and Health Services (DSHS) DSHS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Mental health services for adults	Comparison of rate to statewide rate - higher rate is better	Adults, age 18 to 64 with a mental health service need who received at least one qualifying service during the measurement year, including: - Mental health service modality - Visit with a qualifying specialist - Qualifying mental health procedure - Primary care service with qualified provider specialty and mental health-related diagnosis.	Adults, age 18 to 64 by the end of the measurement period meet the mental health service need, including: receipt of a mental health service or diagnosis, or psychotropic medication within the measurement year or the year prior.	Jan. 2016 - Dec. 2016	Health Plans and Washington State Department of Social and Health Services (DSHS) DSHS
Substance use disorder services for children (Medicaid insured)	Comparison of rate to statewide rate - higher rate is better	Children, age 12 to 17 with a substance use disorder service need who received substance use disorder services during the measurement period.	Children, age 12 to 17 with a substance use disorder service need within the measurement year or the year prior.	Jan. 2016 - Dec. 2016	Washington State Department of Social and Health Services (DSHS)/HCA (Medicaid Only) DSHS
Substance use disorder services for adults (Medicaid insured)	Comparison of rate to statewide rate - higher rate is better	Adults, age 18 and older with a substance use disorder service need who received substance use disorder services during the measurement period.	Adultas, age 18 and older with a substance use disorder service need.	Jan. 2016 - Dec. 2016	Washington State Department of Social and Health Services (DSHS)/HCA (Medicaid Only) DSHS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Potentially Avoidable Care Measures:					
Hospital readmissions within 30 days (commercially insured)	Scores are determined by ranking results based on observed versus expected rate, accounting for sample size - lower observed to expected ratio is better This measure is displayed on the Alliance's website with the observed rate, the score, and the denominator.	For patients age 18 and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	Eligible adults are described as: Adults age 18 to 64 as of the index discharge date for commercial populations. This measure includes only commercially insured individuals.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Hospital readmissions within 30 days (Medicare insured)	Observed to expected ratio compared to national average	For patients age 18 and older, the number of inpatient stays during the measurement year that were followed by a readmission for any reason (with the exception of a certain planned readmissions) within 30 days. Risk adjustment is applied to all cases to derive a risk-adjusted readmission rate.	Eligible adults are described as: Adults age 18 and older discharged from the hospital. Current CMS results publicly report results for Medicare FFS age 65 and older. From CMS: The target population for this measure is patients age 18 and older discharged from the hospital with a complete claims history for the 12 months prior to admission. The measure is currently publicly reported by CMS for those age 65 and older who are Medicare FFS beneficiaries admitted to non-federal hospitals.	Jul. 2014 - Jun. 2015	Hospital Compare Centers for Medicare & Medicaid Services (CMS)
Appropriate testing for children with sore throat	Comparison of rate to statewide rate - higher rate is better	The number of children age 2 to 18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Eligible children are described as: Children age 2, as of the start of the year prior, to age 18 by the last day of the measurement year who have a diagnosis of pharyngitis.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Avoiding antibiotics for adults with acute bronchitis	Comparison of (inverted) rate to statewide (inverted) rate - higher rate is better	The number of adults age 18 to 64 diagnosed with acute bronchitis who were not dispensed an antibiotic prescription for 3 days after diagnosis.	Eligible adults are described as: Adults age 18, as of the start of the year prior, to age 64 by the last day of the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Avoiding antibiotics for children with upper respiratory infection	Comparison of (inverted) rate to statewide (inverted) rate - higher rate is better	The number of children age 3 months to 18 years who went to the doctor for a common cold who were not prescribed an antibiotic for 3 days after the diagnosis.	Eligible children are described as: Children age 3 months, at the start of the year prior, to 18 years by the last day of the measurement year with a diagnosis of URI.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Avoiding x-ray, MRI and CT scan for low back pain	Comparison of (inverted) rate to statewide (inverted) rate - higher rate is better	The number of patients age 18 to 50 with a primary diagnosis of low back pain who did not have an X-ray or other imaging study (MRI, CT scan) in the 28 days after they first visited a health care provider due to low back pain.	Eligible adults are described as: Adults age 18 as of the start of the measurement year to age 50 by the last day of the measurement year who have a diagnosis of low back pain.	Jul. 2015 - Jun. 2016	Washington Health Alliance database NCQA HEDIS® 2016 Data source for **health plan** results*:* Quality Compass NCQA HEDIS® 2017
Potentially avoidable ER visits	Comparison of rate to statewide rate - lower rate is better	The number of potentially avoidable emergency room (ER) visits in the measurement year.	All ER visits for members 1 or more years old during the measurement year.	Jul. 2015 - Jun. 2016	Washington Health Alliance database Washington Health Alliance

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Emergency room visits	Comparison of rate to statewide rate - lower rate is better	Risk-adjusted ratio of observed to expected emergency room visits during the measurement year.	All continuously enrolled adults, age 18 or older, as of the end of the measurement year. Exclusions: patients who had encounters for any of the following: mental health, chemical dependency, psychiatry, electroconvulsive therapy (ECT), drug or alcohol detox.	Jan. 2016 - Dec.2016	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions. NCQA HEDIS® 2017
Oral Health & Tobacco Use Measures:					
Tooth decay prevention for children	Comparison of rate to statewide rate - higher rate is better	Total number of members age 0 to 6 with a fluoride varnish on the same date of service as an Early and Periodic Screening Diagnosis and Treatment (EPSDT) screen during the measurement year.	Total number of members age 0 to 6 with an EPSDT screen during the measurement year.	Jan. 2016 - Dec. 2016	HCA University of Minnesota
Adult tobacco use	Comparison of rate to statewide rate - lower rate is better	The number of adults age 18 and older who answer “every day” or “some days” in response to the question, “Do you now smoke cigarettes every day, some days or not at all?” on the Washington State BRFSS.	The total number of answers collected for the question, “Do you now smoke cigarettes every day, some days or not at all?” on the BRFSS.	Jan. 2013 - Dec. 2015	Washington Department of Health (DOH) / BRFSS BRFSS

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Tobacco use: advising smokers to quit	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 18 or older who currently smoke or use tobacco who were given cessation advice during the measurement year.	The number of members age 18 or older whocurrently smoke or use tobacco.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017
Tobacco use: discussing medications to quit smoking	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 18 or older who currently smoke or use tobacco who were recommended cessation medications during the measurement year.	The number of members age 18 or older who currently smoke or use tobacco.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Tobacco use: discussing strategies to quit smoking	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 18 or older who currently smoke or use tobacco who were provided cessation strategies during the measurement year.	The number of members age 18 or older who currently smoke or use tobacco.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017
Obesity Prevention Measures:					
Counseling children and adolescents for nutrition	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 3 to 17 with counselling for nutrition during the measurement year.	The number of members age 3 to 17 during the measurement year.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Counseling children and adolescents for exercise	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 3 to 17 with counselling for physical activity during the measurement year.	The number of members age 3 to 17 during the measurement year.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017
Weight assessment for children and adolescents	Rate compared to NCQA benchmarks - higher rate is better	Members age 3 to 17 with a body mass index (BMI) percentile collected during the measurement year.	The number of members age 3 to 17 during the measurement year.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Weight assessment for adults	Rate compared to NCQA benchmarks - higher rate is better	Members age 18 to 74 who had a BMI assessment during the measurement year or year prior.	Adult members age 18 to 74 during the measurement year or year prior.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017
Hypertension Measure:					
Blood pressure control for people with cardiovascular disease	Rate compared to NCQA benchmarks - higher rate is better	Members of the following age range and BP whose most recent blood pressure (BP) (systolic and diastolic) is considered adequately controlled during the measurement year: - Members age 18 to 59 as of the end of the measurement year whose BP was <140/90 mm Hg. - Members age 60 to 85 as of the end of the measurement year flagged with a diagnosis of diabetes and whose BP was <140/90mm Hg. Members age 60 to 85 as of the end of the measurement year, not flagged with a diagnosis of diabetes, and with BP of <150/90mm Hg.	A sample of patients from the eligible population with a diagnosis of hypertension any time during the patients' history on or before the midpoint of the measurement year confirmed by chart review.	Jan. 2016 - Dec. 2016	NCQA Quality Compass Not generated from Alliance database due to need for clinical data. NCQA HEDIS® 2017

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Quality Other Measure:					
Angioplasty outcomes for non-acute or elective procedures	Comparison of rate to statewide rate - lower rate is better	The number of patients in the measurement year with stable angina who received a non-acute or elective angioplasty or percutaneous coronary intervention (PCI) where there was insufficient data available to evaluate the appropriateness of that procedure based on widely accepted national criteria.	The total number of patients who received angioplasty or percutaneous coronary intervention (PCI) during the measurement year.	Jan. 2016 - Dec. 2016	Foundation for Health Care Quality Clinical Outcomes Assessment Program (COAP) COAP
Death (Mortality) Rates Measure:					
30-day death rates for heart attack	Risk-adjusted observed to expected ratio compared against national average	The number of patients who died in or out of the hospital within 30 days of being admitted to the hospital for a heart attack. A risk-adjusted expected rate of mortality is also calculated. The actual observed mortality rate is then compared against the risk-adjusted expected rate.	The total number of patients age 18 and older who were discharged from the hospital with a principal diagnosis of heart attack (acute myocardial infarction or AMI) during the measurement period.	Jul. 2012 - Jun. 2015	Hospital Compare CMS

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Stroke Care Measure:					
Timely care for stroke	Rate compared to state - higher rate is better	Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated, in hospital, within 3 hours of onset of stroke symptoms.	Acute ischemic stroke patients age 18 or older whose time of arrival is within 2 hours of onset of stroke symptoms. Exclusions: • Length of Stay > 120 days • Enrolled in stroke related clinical trials • Admitted for elective carotid intervention • Documented reason for not initiating IV thrombolytic therapy	Jul. 2015 - Jun. 2016	Hospital Compare The Joint Commission
Health Care-Associated Infections Measures:					
Catheter-associated urinary tract infection (inside intensive care unit)	Rate per 1,000 catheter days compared to state - lower rate is better	The number of bladder infections per 1,000 urinary catheter days during the measurement year.	The total number of catheter days at the given location during the measurement year.	Jan. 2016 - Dec. 2016	Washington State Hospital Association (WSHA)/National Healthcare Safety Network (NHSN) Centers for Disease Control and Prevention (CDC)/NHSN
Catheter-associated urinary tract infection (outside intensive care unit)	Rate per 1,000 catheter days compared to state - lower rate is better	The number of bladder infections per 1,000 urinary catheter days during the measurement year.	The total number of catheter days at a given location outside an intensive care unit (ICU), including adult and pediatric, long-term acute care, bone marrow transplant, acute dialysis, hematology/oncology, solid organ transplant locations as well as other inpatient locations (excluding Level I and Level II nurseries), during the measurement year.	Jan. 2016 - Dec. 2016	WSHA/NHSN NHSN

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Surgical site infections - colon surgery	Rate per 100 procedures compared	The number of surgical site infections as a result of colon surgeries during the measurement year.	The total number of colon surgery procedures among patients age 18 and older performed at a given location during the measurement year.	Jul. 2015 - Jun. 2016	Hospital Compare NHSN
Surgical site infections - abdominal hysterectomy	Rate per 100 inpatient days	The number of surgical site infections as a result of abdominal hysterectomies during the measurement year.	The total number of abdominal hysterectomy procedures among patients age 18 and older performed at a given location during the measurement year.	Jul. 2015 - Jun. 2016	Hospital Compare/ NHSN NHSN
Central line bloodstream infection (inside intensive care unit)	Rate per 1,000 central line days	The number of patients in critical care locations, per 1000 central line days, diagnosed with a central line-associated bloodstream infection during the measurement year.	The total number of central line days at the given location during the measurement year.	Jan. 2016 - Dec. 2016	WSHA/NHSN NHSN
Central line bloodstream infection (outside intensive care unit)	Rate per 1,000 central line days	The number of patients outside critical care locations, per 1000 central line days, diagnosed with a central line-associated bloodstream infection during the measurement year.	The total number of central line days at the given location during the measurement year.	Jan. 2016 - Dec. 2016	WSHA/NHSN NHSN

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Clostridium difficile (C.diff) infections	Rate per 10,000 inpatient days	The number of C. diff cases per patient stay in a hospital during the measurement year.	Total number of inpatient days at a given location during the measurement year. Exclusions: Inpatient days within nursery and neonatal intensive care unit (NICU).	Jul. 2015 - Jun. 2016	Hospital Compare/ NHSN NHSN
MRSA Infections	Rate per 1,000 inpatient days	The number of Methicillin-resistant Staphylococcus aureus (MRSA) infections per patient, per month, during the measurement year that were identified less than 3 days after admission to the hospital.	Total number of inpatient days at a given location during the measurement year.	Jul. 2015 - Jun. 2016	Hospital Compare/ NHSN NHSN
Hip replacement infection	Rate per 100 procedures	The number of surgical site infections as a result of hip replacement during the measurement year.	The total number of hip replacement procedures among patients age 18 and older performed at a given location during the measurement year.	Jan. 2016 - Dec. 2016	WSHA/NHSN NHSN
Knee replacement infection	Rate per 100 procedures	The number of surgical site infections as a result of knee replacement surgery (arthroplasty) during the measurement year.	The total number of knee replacement procedures performed at a given location during the measurement year.	Jan. 2016 - Dec. 2016	WSHA/NHSN NHSN
Immunizations Measures:					
Vaccinations for children by age 2	Rate compared to state - higher rate is better	The number of children age 2 by December 31 of the measurement year who received all recommended vaccines (including: four DTap/DT/Td, three Hib, three polio, three Hep B, 1 MMR, one Varicella, two Hep A, two flu, two PCV and two rotavirus) as reported to the Washington Immunization Information System (WA IIS).	Children age 2 on December 31 of the measurement year.	Jan. 2016 - Dec. 2016	DOH/WA IIS NCQA HEDIS® (modified)

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Vaccinations for adolescents by age 13	Rate compared to state - higher rate is better	Adolescents age 13 as of December 31 of the measurement year who received one or more doses of the Tdap vaccine, one tetanus, one or more doses of the meningococcal conjugate vaccine, and three human papillomavirus (HPV) vaccine doses by age 13 as reported to the WA IIS.	Members age 13 by December 31 of the measurement year.	Jan. 2016 - Dec. 2016	DOH/WA IIS NCQA HEDIS® (modified)
HPV vaccination for adolescent girls	Rate compared to state - higher rate is better	Girls age 13 as of December 31 of the measurement year who had three doses of the HPV vaccine that was reported to the WA IIS.	Girls age 13 by December 31 of the measurement year.	Jan. 2016 - Dec. 2016	DOH/WA IIS NCQA HEDIS®
HPV vaccination for adolescent boys	Rate compared to state - higher rate is better	Boys age 13 as of December 31 of the measurement year who had three doses of the HPV vaccine that was reported to the WA IIS.	Boys age 13 by December 31 of the measurement year.	Jan. 2016 - Dec. 2016	DOH/WA IIS NCQA HEDIS®
Influenza vaccination	Rate compared to state - higher rate is better	The number of Washington residents age 6 months and older who received an influenza immunization during the past influenza season that was reported to the WA IIS.	The number of Washington residents age 6 months and older by December 31 of the measurement year*.	Jan. 2015 - Dec. 2015 * For children 6 months to 17 years old the measurement period is Oct. 2016 - Dec. 2016.	DOH/WA IIS AMA-PCPI
Pneumonia vaccination (ages 65+)	Rate compared to state - higher rate is better	The number of Washington residents age 65 and older during the measurement year who reported "Yes" to the question, "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?" on the Washington State BRFSS.	The total number of responses collected from Washington residents age 65 and older during the measurement year for the question, "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?" on the Washington State BRFSS.	Jan. 2014 - Dec. 2015	DOH BRFSS

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Health care worker influenza vaccination	Rate compared to state - higher rate is better	The number of health care workers who have had an influenza vaccination during the measurement year.	The total number of health care workers at a given location during the measurement year.	Oct. 2015 - Mar. 2016	Hospital Compare CMS
Delivery Measures:					
Unintended pregnancies	Rate - lower is better	Percent of women who completed Pregnancy Risk Assessment Monitoring Survey (PRAMS) and responded that they had not intended to become pregnant.	Women who have had a recent live birth (drawn from the state's birth certificate file) that responded to thePRAMS. Unintended pregnancies include all abortions and births that were unintended at the time of conception. Abortions are identified through the Department of Health Abortion Reporting System. Births are identified through the Department of Health Birth Certificate system. Births that were unintended at conception are estimated using data from the PRAMS.	Jan. 2014 - Dec. 2014	Washington State Department of Health, CDC PRAMS CDC
Early elective deliveries	Rate compared to state - lower rate is better	The number of patients with elective vaginal deliveries or elective cesarean sections who were at greater than or equal to 37 and less than 39 weeks of gestation, at a given location, during the measurement year.	The total number of deliveries at less than 37 weeks or at 39 or more weeks of gestation, at a given location, during the measurement year.	Jul. 2015 - Jun. 2016	Hospital Compare CMS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Cesarean deliveries	Rate compared to state - lower rate is better	The number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean delivery at a given location, during the measurement year, i.e., the number of cesarean deliveries among women giving birth for the first time with a single fetus that is at 37 or more weeks of gestation and head down.	The total number of deliveries among women giving birth for the first time to a single fetus that is at 37 or more weeks of gestation, at a given location, during the measurement year.	Jan. 2016 - Dec. 2016	WSHA JCAHO
Patient Experience in a Doctor's Office:					
Getting timely appointments, care and information at the doctor's office	Rate compared to state - higher rate is better	The number of "Always" answers given to the three Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey questions included in this composite measure: • When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? • When you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? • When you contacted this office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	The total number of answers collected for all three of the CG-CAHPS survey questions for this measure. Results are case-mix adjusted for age, education, gender, and self-reported health status. Results must reach at least 0.7 reliability for public reporting.	Survey was in the field 4th Qtr. 2017 and results released 1st Qtr. 2018.	Washington Health Alliance Patient Experience Survey AHRQ-CG-CAHPS

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
How well providers communicate with patients at the doctor's office	Rate compared to state - higher rate is better	The number of "Always" answers given to the four CG-CAHPS survey questions included in this composite measure: • How often did this provider explain things in a way that was easy to understand? • How often did this provider listen carefully to you? • How often did this provider show respect for what you had to say? • How often did this provider spend enough time with you?	The total number of answers collected for all four of the CG-CAHPS survey questions for this measure. Results are case-mix adjusted for age, education, gender, and self-reported health status. Results must reach at least 0.7 reliability for public reporting.	Survey was in the field 4th Qtr. 2017 and results released 1st Qtr. 2018.	Washington Health Alliance Patient Experience Survey AHRQ – CG-CAHPS
How well providers use information to coordinate care at the doctor's office	Rate compared to state - higher rate is better	The number of "Always" answers given to the three CG-CAHPS survey questions included in this composite measure: • How often did this provider seem to know important information about your medical history? • How often did you and someone from this provider's office talk about all the prescription medicines you were taking? • How often did someone from this provider's office follow up to give you test results?	The total number of answers collected for all three of the CG-CAHPS survey questions for this measure. Results are case-mix adjusted for age, education, gender, and self-reported health status. Results must reach at least 0.7 reliability for public reporting.	Survey was in the field 4th Qtr. 2017 and results released 1st Qtr. 2018.	Washington Health Alliance Patient Experience Survey AHRQ – CG-CAHPS

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Helpful, courteous and respectful office staff at the doctor's office	Rate compared to state - higher rate is better	The number of "Always" answers given to the two CG-CAHPS survey questions included in this composite measure: • How often were clerks and receptionists at this provider's office as helpful as you thought they should be? • How often did clerks and receptionists at this provider's office treat you with courtesy and respect?	The total number of answers collected for the two CG-CAHPS survey questions for this measure. Results are case-mix adjusted for age, education, gender, and self-reported health status. Results must reach at least 0.7 reliability for public reporting.	Survey was in the field 4th Qtr. 2017 and results released 1st Qtr. 2018.	Washington Health Alliance Patient Experience Survey AHRQ – CG-CAHPS
Patient's overall rating of the provider at the doctor's office	Rate compared to state - higher rate is better	The number of 9 or 10 ratings collected, on a scale from 0 (lowest) to 10 (highest). • Using any number from 0 to 10 where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	The total number of answers collected for a single CG-CAHPS survey question for this measure. Results are case-mix adjusted for age, education, gender, and self-reported health status. Results must reach at least 0.7 reliability for public reporting.	Survey was in the field 4th Qtr. 2017 and results released 1st Qtr. 2018.	Washington Health Alliance Patient Experience Survey AHRQ – CG-CAHPS
Patient Experience in a Hospital:					
Patient's rating of overall experience at the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS
Hospital room cleanliness	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their room and bathroom were "Always" clean.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Provided clear information at the time of discharge from the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that “Yes” they were given information about what to do during their recovery at home and who “Strongly Agree” that they understood their care when they left the hospital.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS
Pain control at the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their pain was “Always” well controlled.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS
Quiet at night in the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that the area around their room was “Always” quiet at night.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS
Timely assistance from hospital staff	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that they “Always” received help as soon as they wanted.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS
Communication with doctors in hospitals	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their doctors "Always" communicated well.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS
Communication with nurses in hospitals	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their nurses "Always" communicated well.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS
Medicines explained at the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that staff “Always” explained about medicine before giving it to them.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2015 - Jun. 2016	Hospital Compare CMS

** HEDIS® 2016 Volume 2: Technical Specifications, NCQA, Copyright 2015. Note, the Alliance measurement periods may differ from those specified for NCQA HEDIS.
*** HEDIS® 2017 Volume 2: Technical Specifications, NCQA, Copyright 2016. Note, the Alliance measurement periods may differ from those specified for NCQA HEDIS.

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Patient Safety Measures:					
Falls with injury at the hospital	Rate per 1,000 patient days, compared to state - lower rates are better	The number of falls with injury per patient day, for a given location (for adult acute care only), during the measurement year.	The total number of patient days for a given location (for adult acute care only), during the measurement year.	Jan. 2016 - Dec. 2016	WSHA/DOH DOH/ American Nurses Association
Patient safety (composite score) at the hospital	Risk-adjusted observed to expected ratio compared against national average	The composite score (a weighted average of observed-to-expected ratios) for the following 11 indicators of patient safety, for a given location during the measurement year: • Pressure Ulcer Rate • Iatrogenic Pneumothorax Rate • Central Venous Catheter-Related Blood Stream Infection Rate • Postoperative Hip Fracture Rate • Perioperative Hemorrhage or Hematoma Rate • Postoperative Physiologic and Metabolic Derangement Rate • Postoperative Respiratory Failure Rate • Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate • Postoperative Sepsis Rate • Postoperative Wound Dehiscence Rate • Accidental Puncture or Laceration Rate	Number of eligible adult discharges.	Jul. 2013 - Jun. 2015	WSHA/DOH DOH/ American Nurses Association

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*** HEDIS® 2017 Volume 2: Technical Specifications, NCQA, Copyright 2016. Note, the Alliance measurement periods may differ from those specified for NCQA HEDIS.

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Cost of Care Measures:					
State-purchased health care spending	N/A	Numerator = [(Annual Total Medicaid Spending + Annual Total PEBB Spending) / (Average Monthly Medicaid eligibles in the year + Average Monthly PEBB enrollees in the year)].	Denominator = State's Annual GDP / State population.	Jan. 2015 - Dec. 2016	HCA HCA
Medicaid per enrollee spending	N/A	The total amount of all state and federal Medicaid expenditures during the measurement year (based on date of payment). Medicaid expenditures as defined by HCA: Includes medical, long-term support services, and substance use disorder expenditures. Mental Health expenditures not include as 2014 July-December data unavailable at time of reporting. Substance Use Disorder Medicaid costs are estimated via a ratio of Medicaid SUD to Total SUD costs as provided by the program.	The total number of state and federal Medicaid member months for Washington State, including those receiving full benefits, during the measurement year. Medicaid population as defined by HCA: Disabled Adults and Children = MN Blind/Disabled + HWD/Medicaid Buy-In + CN BCCT + CN Blind/Disabled(excludes presumptive SSI); Non-disabled Children = CN Children + SCHIP + CN Family Medical < 19; Non-ABD 'Classic' Adults = CN family Medical >= 19 + CN Pregnant Women; ACA Expansion Adults = DL-U + DL-ADATSA + Presumptive SSI; Aged = CN Aged + MN Aged.	Jan. 2015 - Dec. 2016	HCA HCA

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source Measure Steward
Public employee per enrollee spending	N/A	The total amount of health care related expenditures for all Public Employee Benefits Board (PEBB) enrollees during the measurement year (based on date of payment). PEBB health care related expenditures as defined by HCA: Health Care Cost include Medical, Dental and Pharmacy Costs HCA 418 fund administrative costs (staffing costs etc.) excluded. Third Party Administrative Cost for UMP and UDP included (Benefits Costs)	The total number of PEBB member months during the measurement year. PEBB population as defined by HCA: State and Higher Education Employees and Dependents Self-Pay (COBRA, Leave Without Pay), Political Subdivision Groups For K-12 members, only those who are part of PEBB Non-Medicare Group Only Non-Medicare Early Retirees included	Jan. 2015 - Dec. 2016	HCA HCA

Attribution Methodology

To report performance results at the clinic level, the Alliance assigns or attributes the care of a patient to a clinician. If every patient saw only one doctor every year, attribution would be straightforward. However, many patients have several visits to different clinicians over the course of a year. Therefore, the Alliance has developed three methods of attribution to ensure consistent assignment of patients to clinicians across services of interest. During the development process, the Alliance worked with clinics to test several different attribution methods. The final methods selected were the Primary Care Provider (PCP) Attribution, the PCP and Specialist Team Attribution (Team), and Prescribing Provider Attribution (RxP) (see Appendix A below). Each of these methods is described in the following section.

Primary Care Provider (PCP) Attribution:

PCP Attribution is applied to prevention-related measures based on the concept that the PCP is the clinician who is primarily responsible for a patient's preventive care management. The PCP Attribution method assigns each patient to the single primary care provider who provided the most Evaluation and Management visits over the most recent 24-month period covered in the report. To receive clinician attribution, patients must have a minimum of one service during the 24-month period.

The following is the ranking hierarchy to be used in selecting the single attributed primary care provider for each patient:

1. Most number of E&M visits
2. Highest sum of RVUs (the "relative value units" associated with the services based on the E&M visits; the RVU assigns a weight for the intensity of the service)
3. Most recent service date

PCP and Specialist Team Attribution:

The "Team" method is applied to measures related to specific health conditions, based on the belief that patients benefit most when their entire medical team works together to ensure that they receive appropriate care. This method assigns each patient to every primary care provider and/or relevant specialist with any E&M visits over the most recent 24 months covered in the report. To receive clinician attribution, patients must have a minimum of one service during the 24-month period.

Prescribing Provider Attribution:

The Prescribing Provider attribution method is used for the generic drug measures. This method assigns filled prescriptions to prescribing providers based on provider identification information on pharmacy claims.

Appendix A: Attribution Methods by Measure

Measure Results Prepared by the Washington Health Alliance	Clinic Results Included in Public Report	Attribution Method	Source of Measure
Adolescent Well-Care Visits	Yes	PCP	NCQA - HEDIS
Adults Access to Preventive/Ambulatory Health Services	No*	See Note*	NCQA – HEDIS
Annual Monitoring for Patients on Persistent Medications – ACE/ARB	Yes	PCP	NCQA – HEDIS
Antidepressant Medication Management	Yes	Team	NCQA – HEDIS
Appropriate Testing for Children with Pharyngitis	Yes	PCP	NCQA – HEDIS
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Yes	PCP	NCQA – HEDIS
Avoiding Antibiotics for Children with Upper Respiratory Infection	Yes	PCP	NCQA – HEDIS
Breast Cancer Screening	Yes	PCP	NCQA – HEDIS
Cervical Cancer Screening	Yes	PCP	NCQA – HEDIS
Children and Adolescents' Access to Primary Care Practitioners	No*	See note*	NCQA – HEDIS
Chlamydia Screening in Women	Yes	PCP	NCQA – HEDIS
Colorectal Cancer Screening	Yes	PCP	NCQA – HEDIS
Comprehensive Diabetes Care – Eye Exams (Retinal) Performed	Yes	Team	NCQA – HEDIS
Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Testing	Yes	Team	NCQA – HEDIS
Comprehensive Diabetes Care – Medical Attention for Nephropathy	Yes	Team	NCQA – HEDIS
Follow-Up Care for Children Prescribed ADHD Medication (30 days)	Yes	PCP	NCQA – HEDIS
Follow-Up Care for Children Prescribed ADHD Medication (9 months)	Yes	PCP	NCQA – HEDIS
Getting Timely Appointments, Care and Information at the Doctor's Office	Yes	PCP	AHRQ
Helpful, Courteous and Respectful Office Staff at the Doctor's Office	Yes	PCP	AHRQ
Hospitalization for COPD or Asthma	No	PCP	AHRQ
How Well Providers Communicate with Patients at the Doctor's Office	Yes	PCP	AHRQ
How Well Providers Coordinate Care at the Doctor's Office	Yes	PCP	AHRQ
Medication Adherence: Proportion of Days Covered (3 Rates)	Yes	PCP	PQA
Medication Management for People with Asthma	Yes	Team	NCQA – HEDIS
Medications: Generic Prescribing (5 Rates)	Yes	RxP	Alliance
Patient Experience with Primary Care	Yes	See Note**	AHRQ
Patient's Overall Rating of the Provider at the Doctor's Office	Yes	PCP	AHRQ

Plan All Cause 30-day Hospital Readmissions	Yes	PCP	NCQA – HEDIS
Potentially Avoidable Use of the Emergency Room	Yes	PCP	Alliance
Statin Therapy for Patients with Cardiovascular Disease	Yes	Team	NCQA – HEDIS
Use of Imaging Studies for Low Back Pain	Yes	Team	NCQA – HEDIS
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Yes	Team	NCQA – HEDIS
Well Child Visits in the First Fifteen Months of Life	Yes	PCP	NCQA – HEDIS
Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Yes	PCP	NCQA – HEDIS
NOTES:			
*Results available by state, county, and Accountable Community of Health. Results attributed based on residence of individual.			
**Patient Experience: The results for these measures are based on a survey of patients conducted by the Alliance. Patients are asked about their experience with a particular clinician. Clinician results are mapped to clinics using the Alliance's Provider Roster.			
There are a number of measures in the Community Checkup where results come from a source other than the Alliance, so attribution is not applicable. These measures are not included in the list above.			