

# MEASURING CARE QUALITY

## Southern California Region



**December 2013**

### ***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
- Behavioral Health – Children
- Musculoskeletal Conditions
- Medication Management
- Medical Assistance with Smoking Tobacco Use Cessation

#### **Medicare Measures**

- Immunizations (not available at this time)
- Screenings
- Treatment for Cardiovascular Disease
- Comprehensive Diabetes Care
- Treatment for Respiratory Conditions
- Behavioral Health – Adult
- Musculoskeletal Conditions
- Monitoring of Persistent Medications
- Potentially Harmful Drug-Disease Interactions
- High-Risk Medications
- Medical Assistance with Smoking and Tobacco Use Cessation (not available at this time)

## **Disclaimer**

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## **Notes for Reading the Graphs**

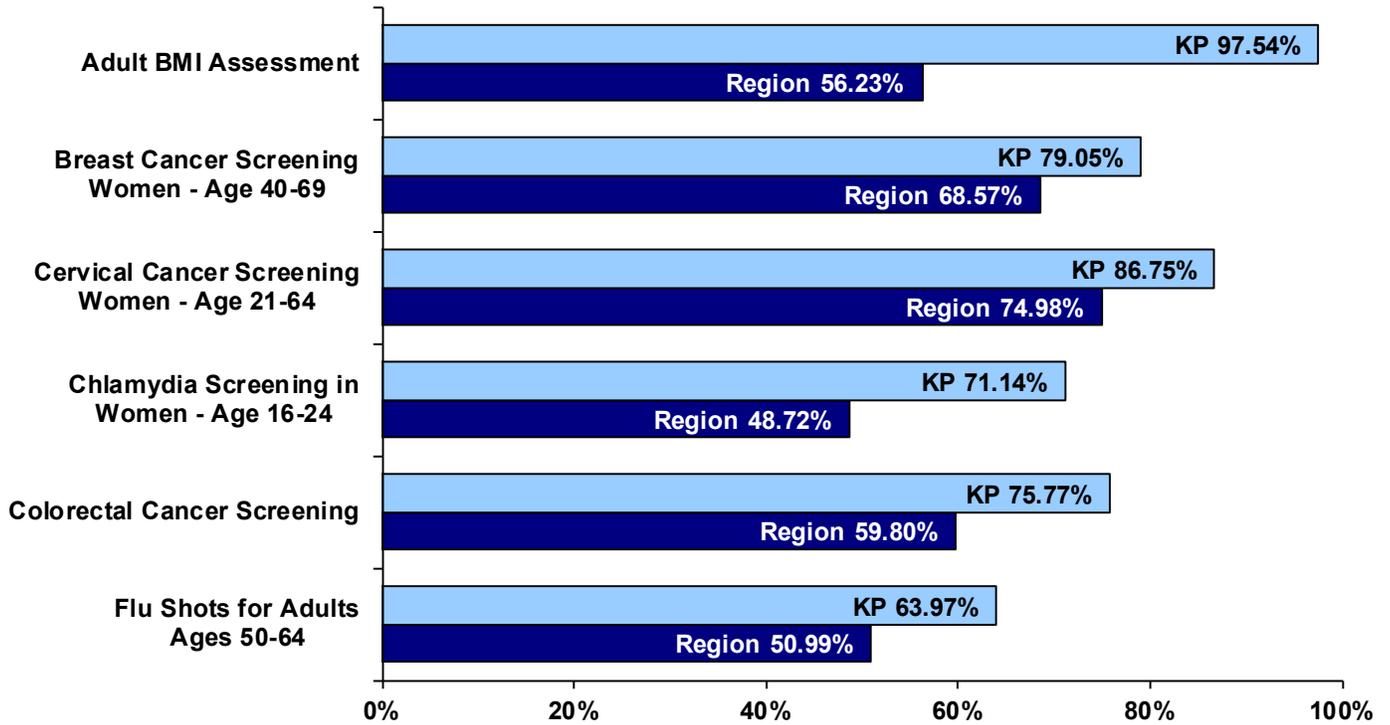
- *KP* is Southern California Kaiser Permanente
- *Region* is the average of organizations reporting to the United States Department of Health and Human Services' Region IX and includes Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, and American Samoa.
- For a full 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>

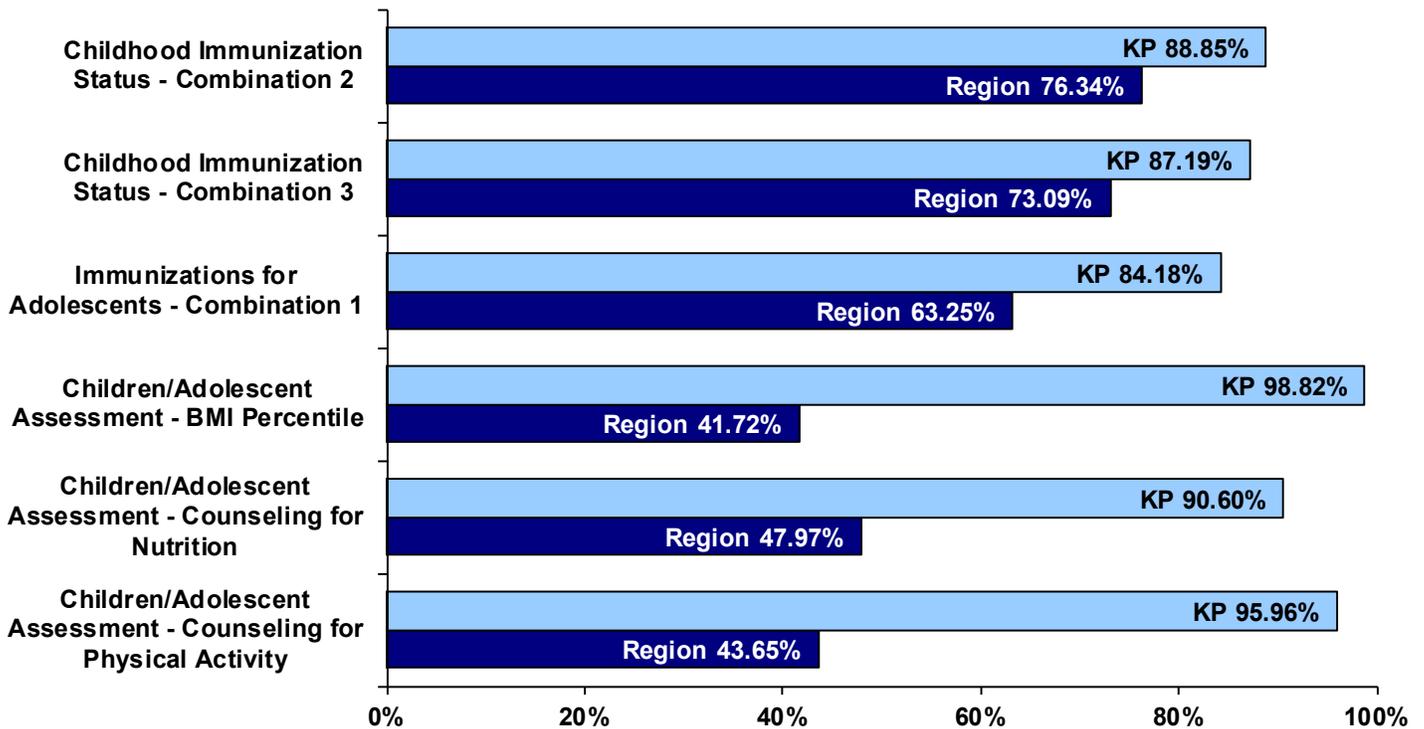
HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

## COMMERCIAL MEASURES

### HEDIS 2013 Commercial Adult Immunization and Screening Measures Southern California

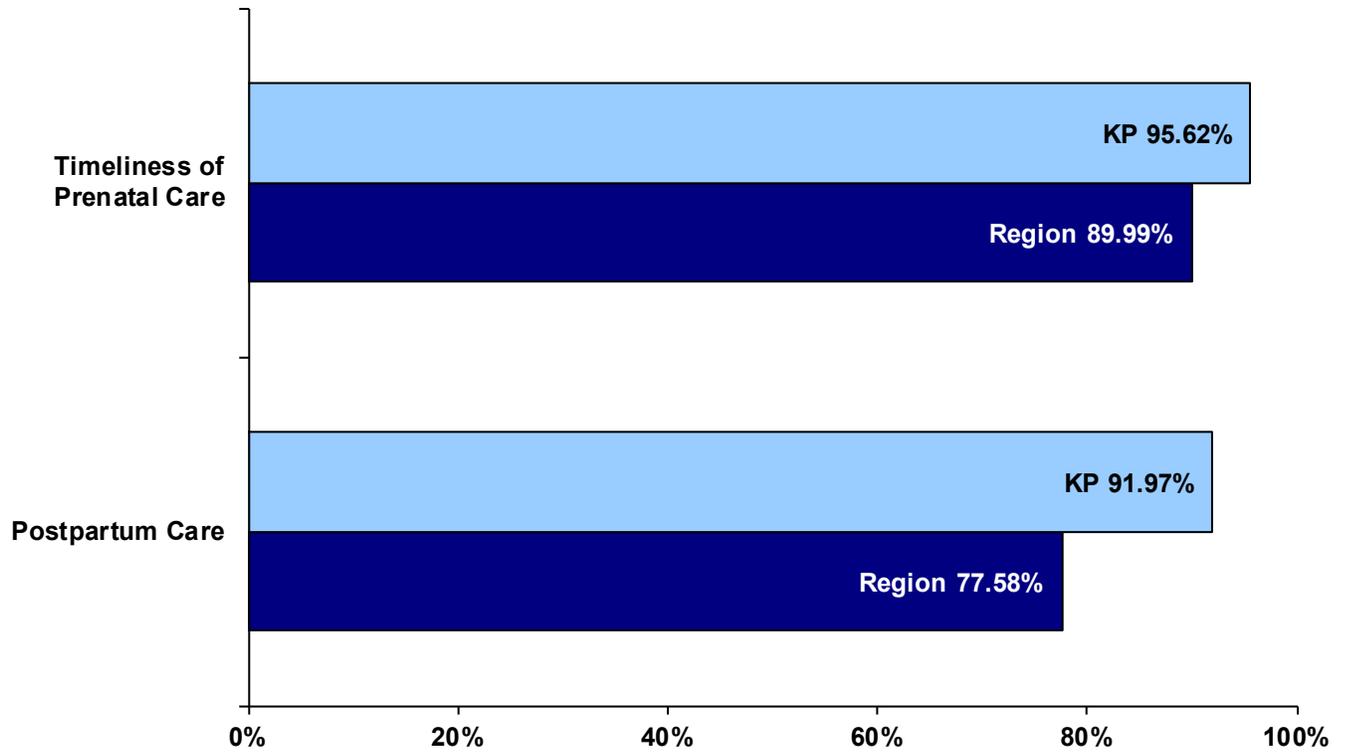


### HEDIS 2013 Commercial Children/Adolescent Immunization & Screening Measures Southern California

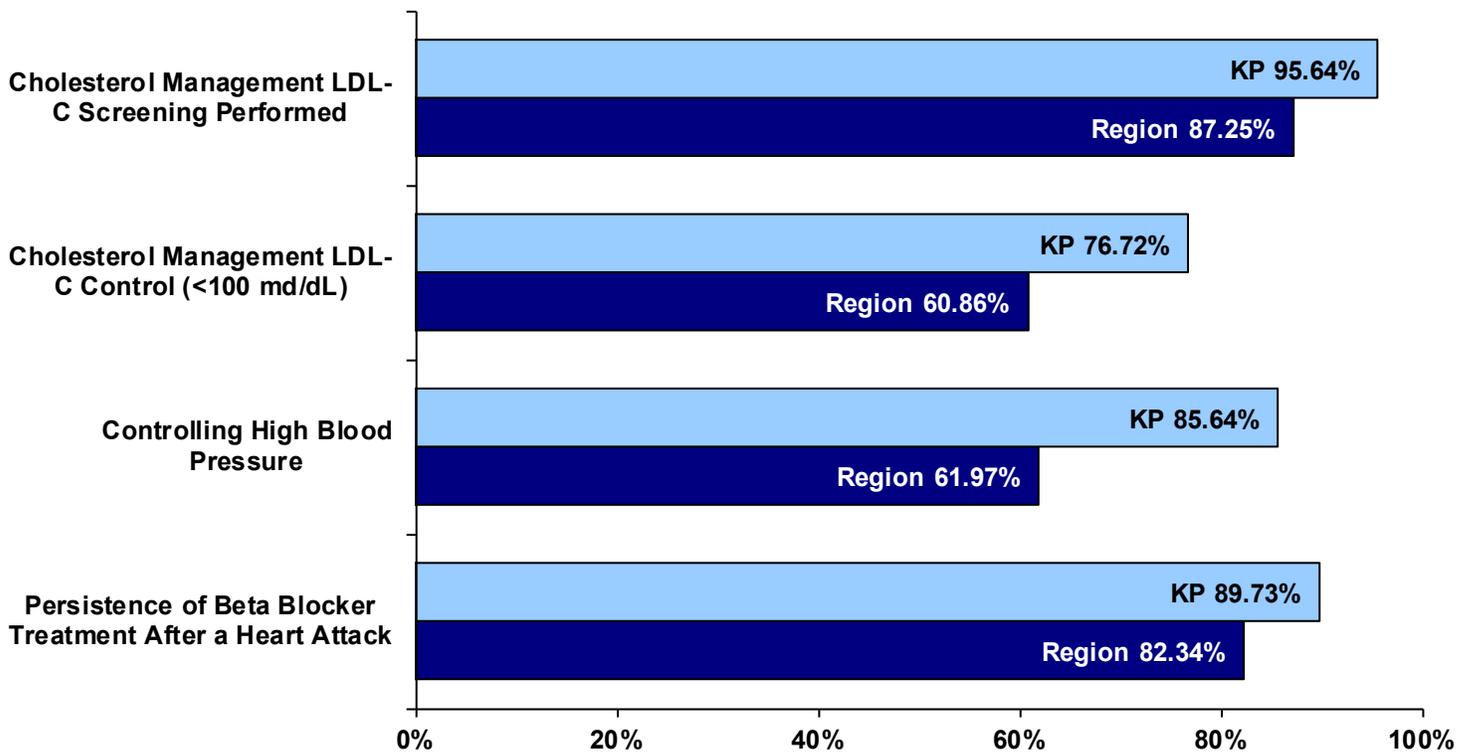


Region is the average of organizations reporting to the United States Department of Health and Human Services' Region IX and includes Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, and American Samoa.

**HEDIS 2013 Commercial Prenatal and Postpartum Care Measures**  
**Southern California**

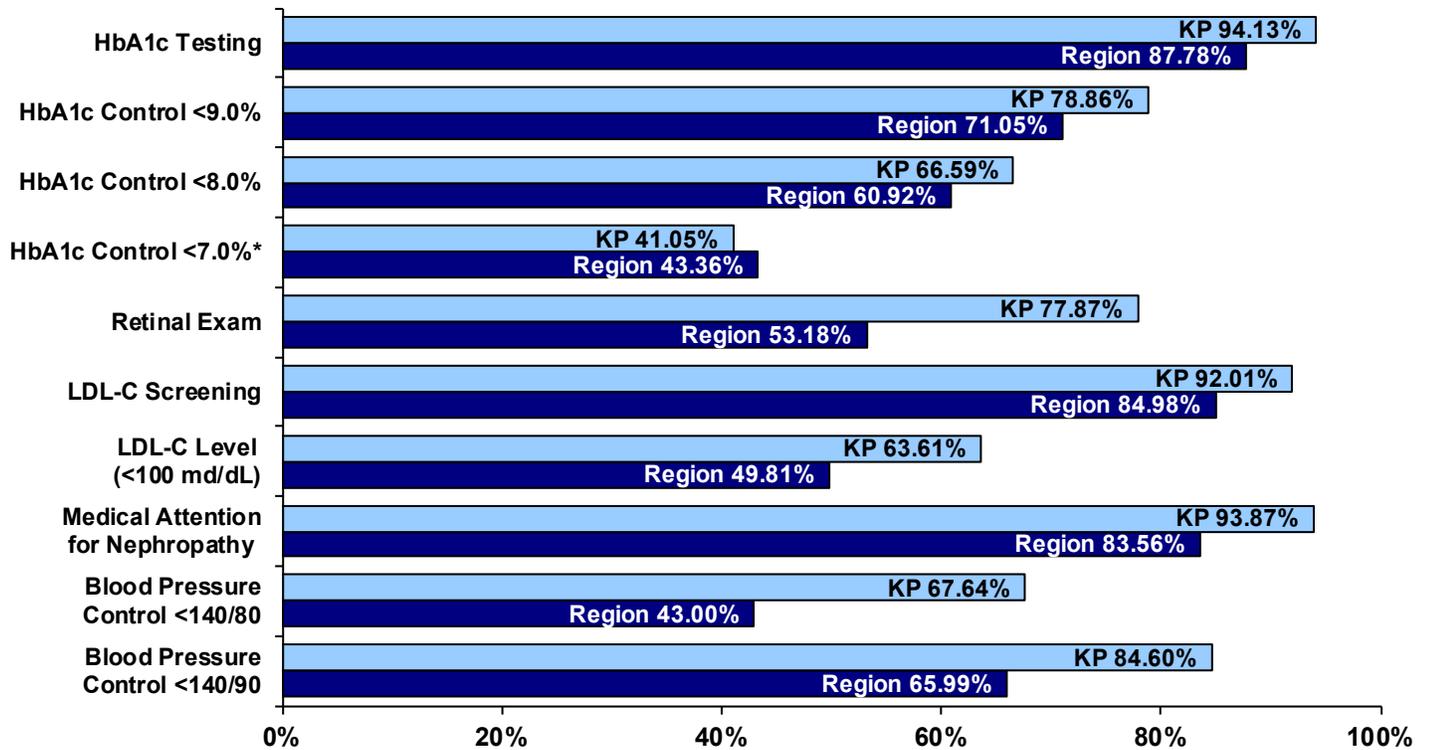


**HEDIS 2013 Commercial Treatment for Cardiovascular Disease Measures**  
**Southern California**

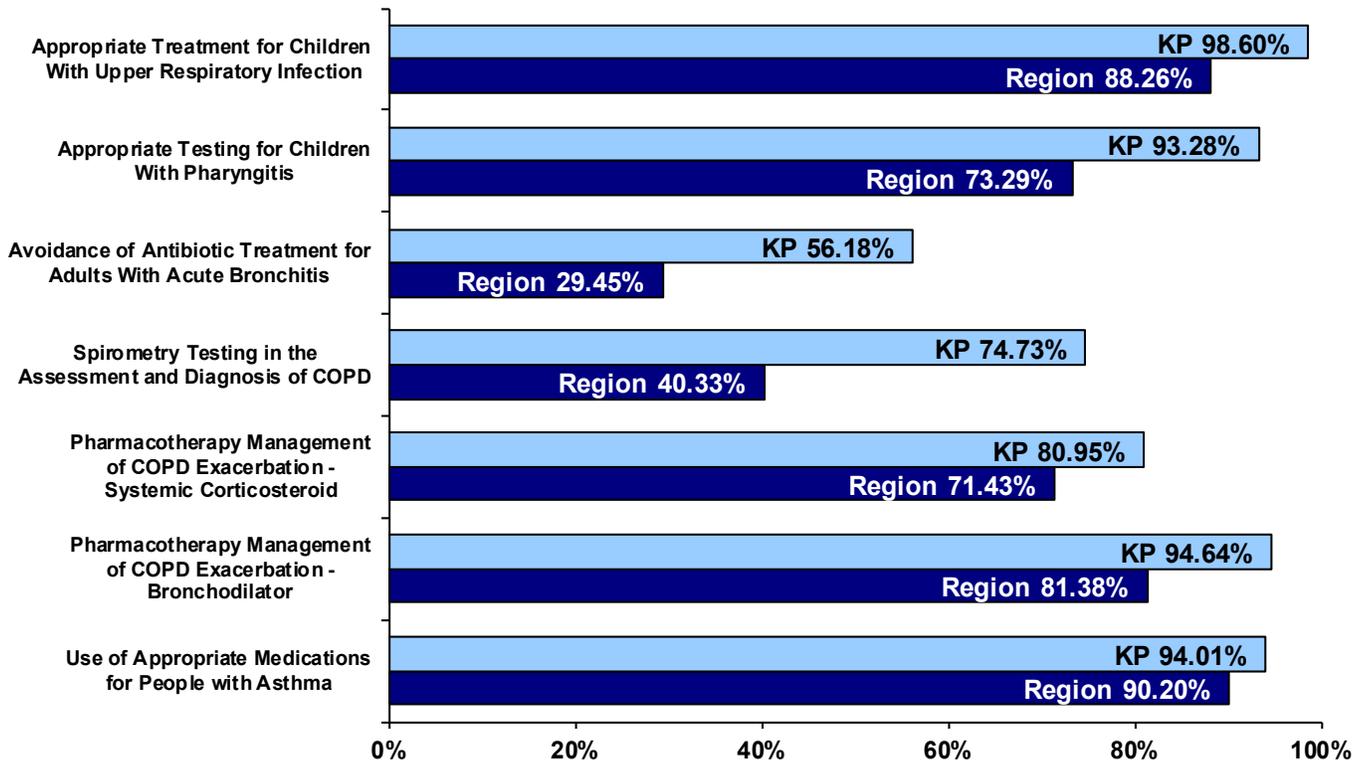


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## HEDIS 2013 Commercial Comprehensive Diabetes Care Measures Southern California

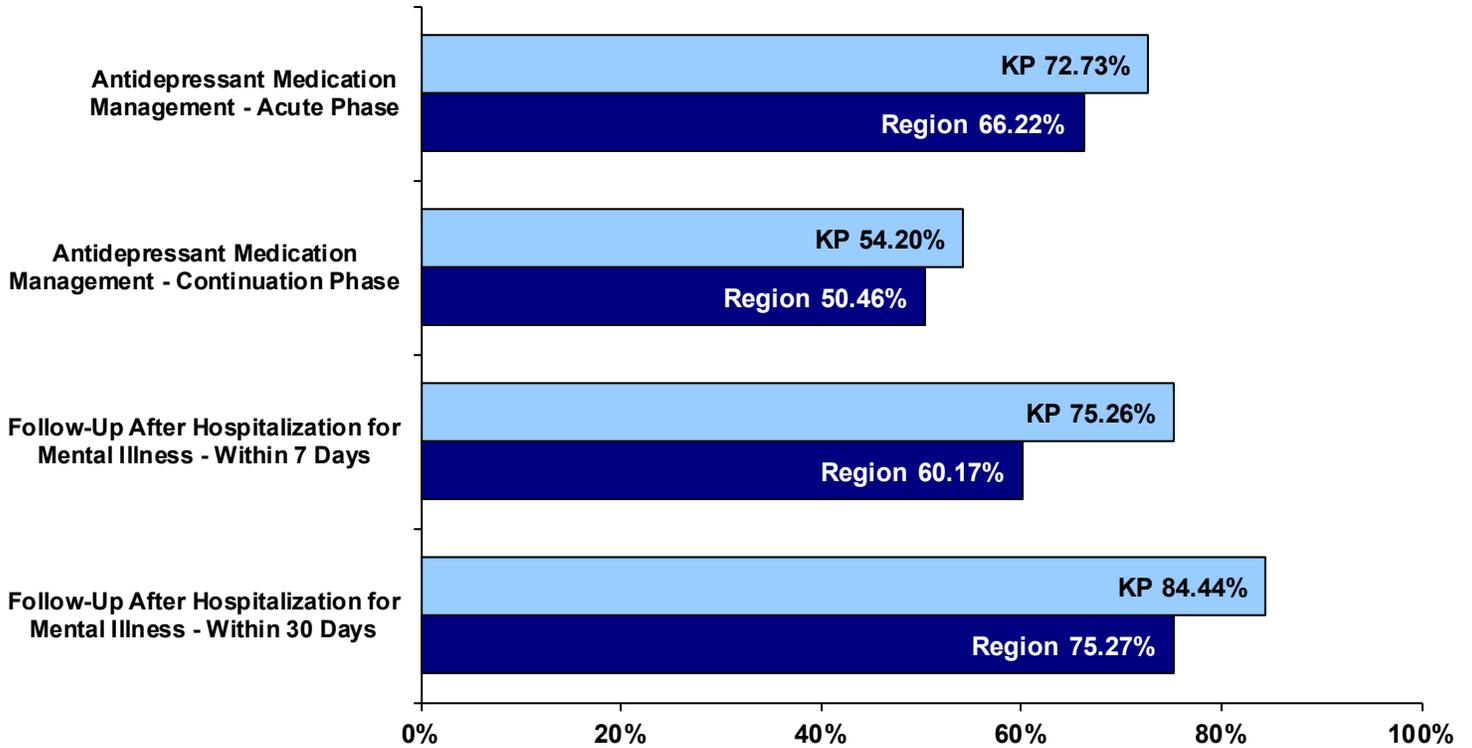


## HEDIS 2013 Commercial Treatment for Respiratory Conditions Measures Southern California

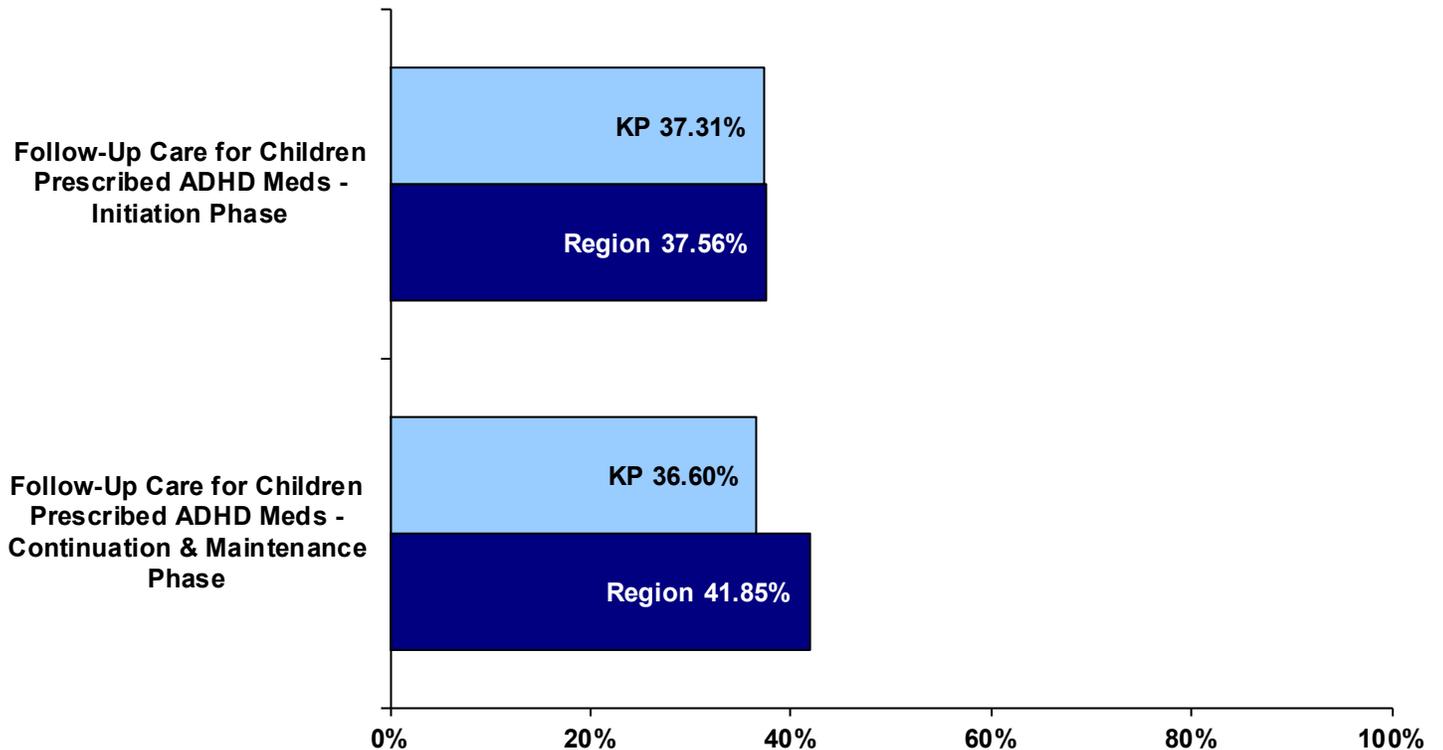


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**HEDIS 2013 Commercial Adult Behavioral Health Measures  
Southern California**

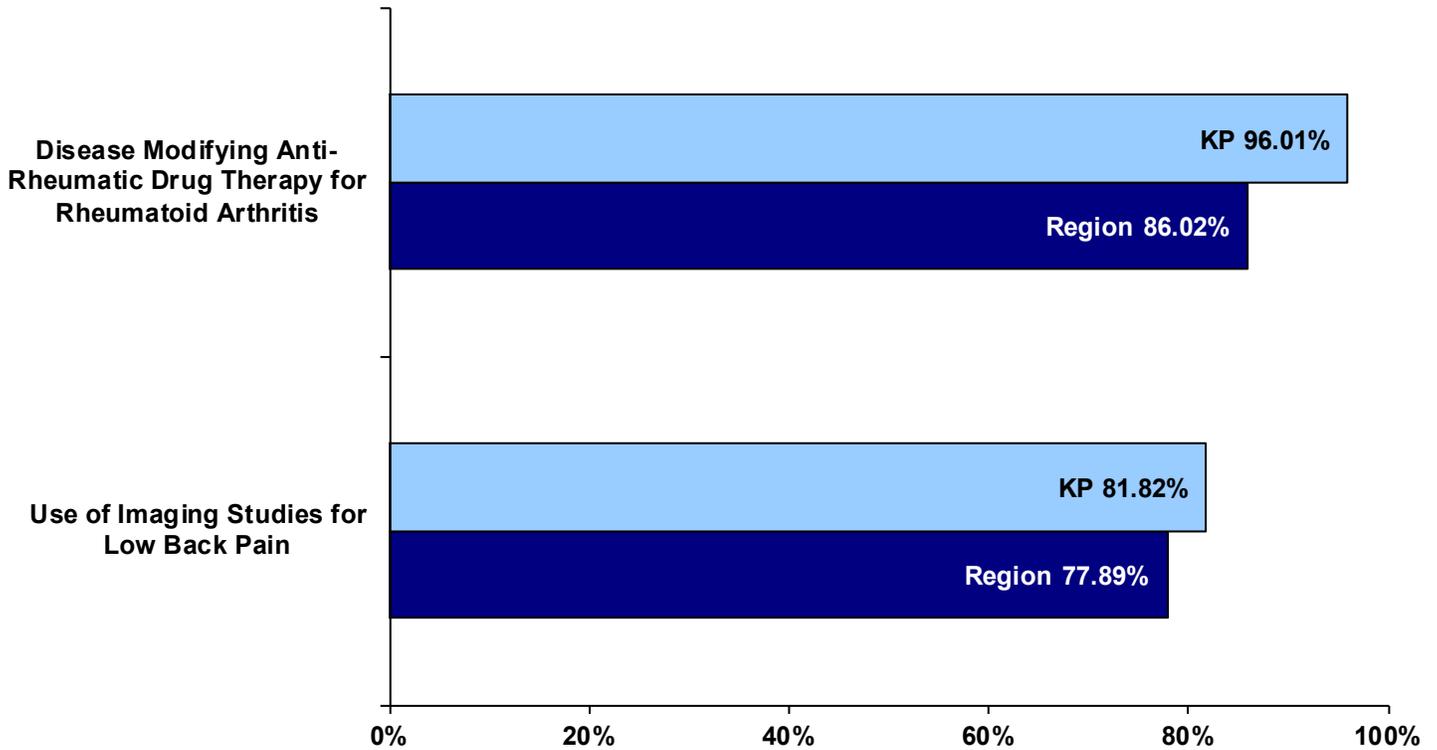


**HEDIS 2013 Commercial Children Behavioral Health Measures  
Southern California**

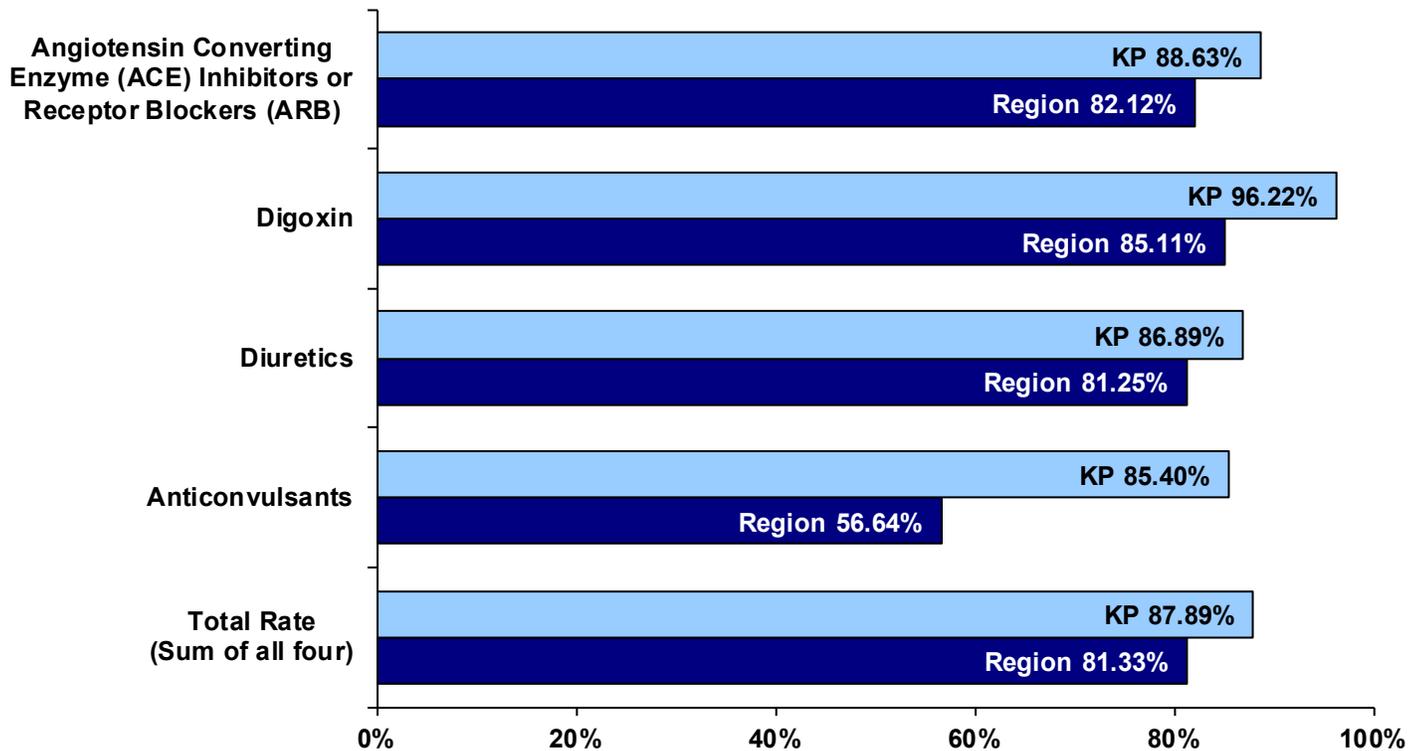


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**HEDIS 2013 Commercial Management of Musculoskeletal Conditions Measures**  
**Southern California**

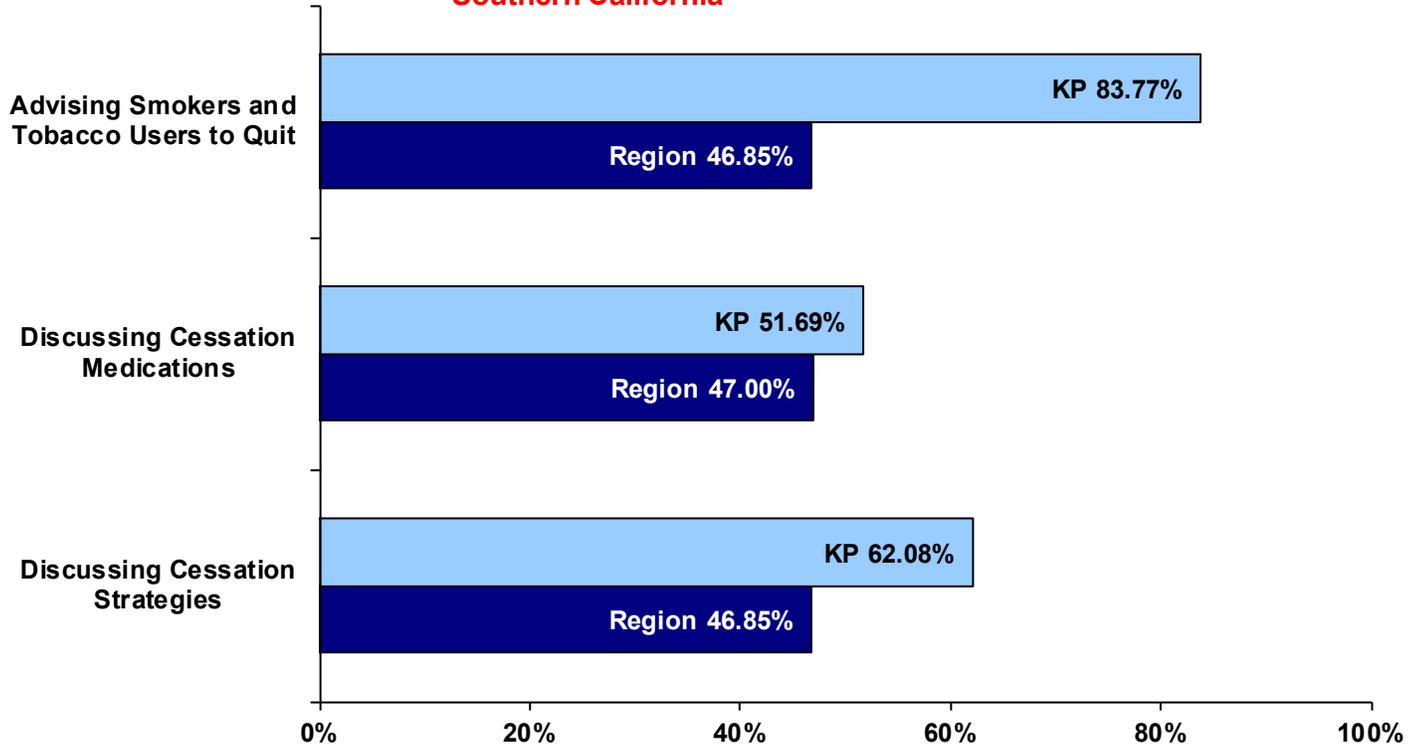


**HEDIS 2013 Commercial Monitoring of Persistent Medications**  
**Southern California**



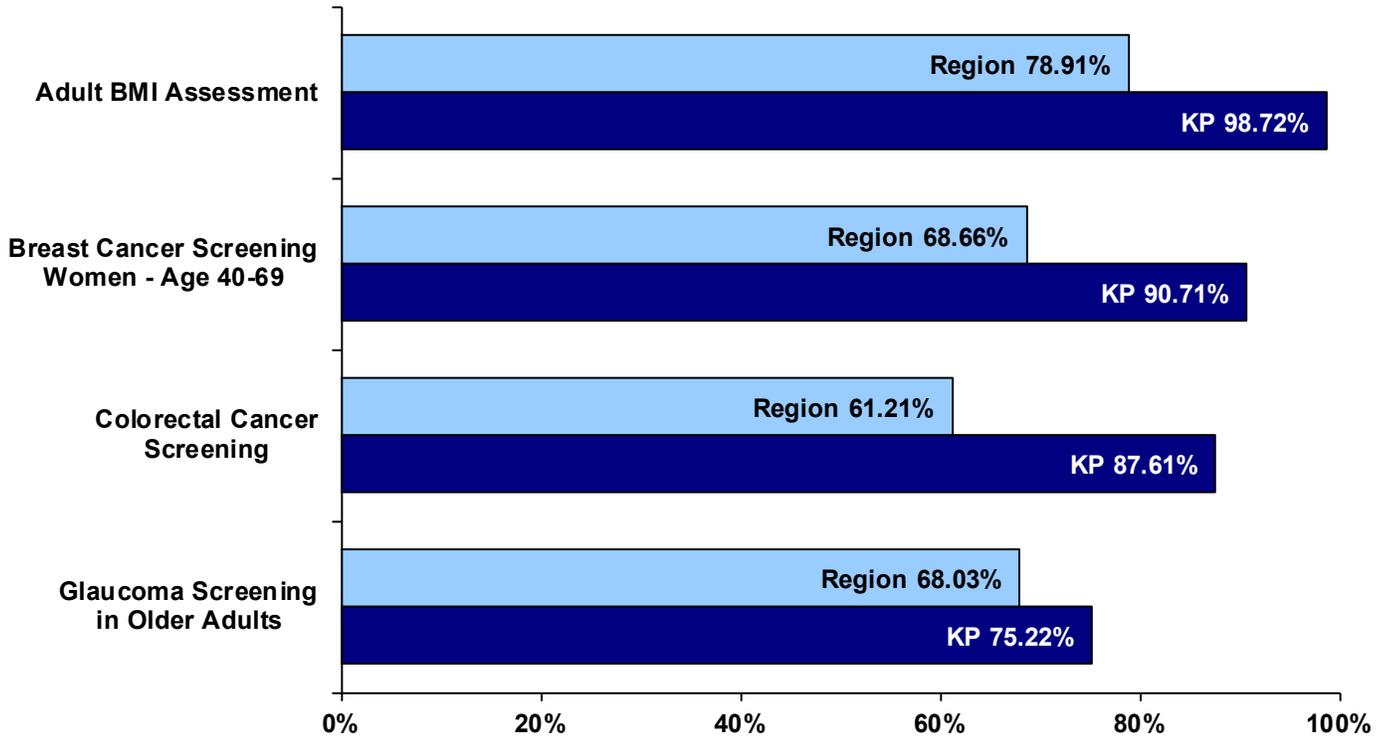
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**HEDIS 2013 Commercial Medical Assistance with Smoking &  
Tobacco Use Cessation Measures**  
**Southern California**

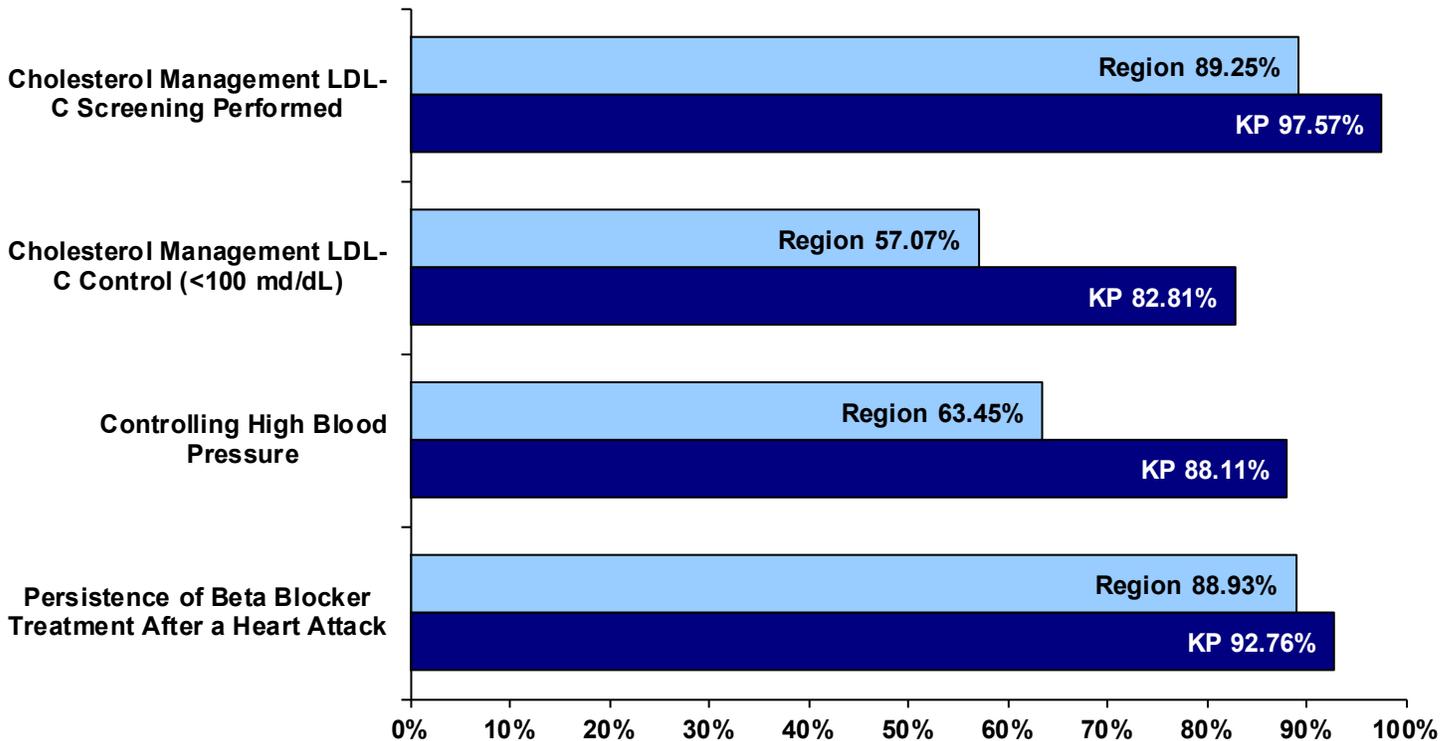


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**MEDICARE MEASURES**  
**HEDIS 2013 Medicare Screening Measures**  
**Southern California**

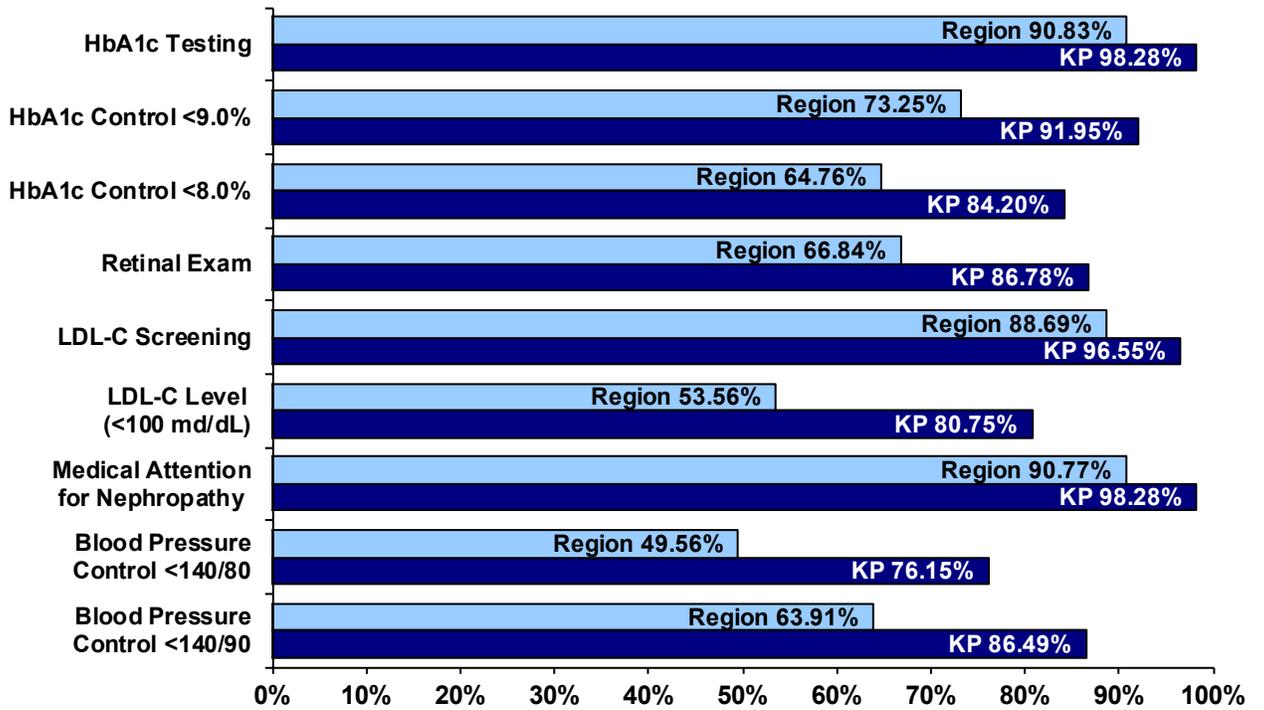


**HEDIS 2013 Medicare Treatment for Cardiovascular Disease Measures**  
**Southern California**

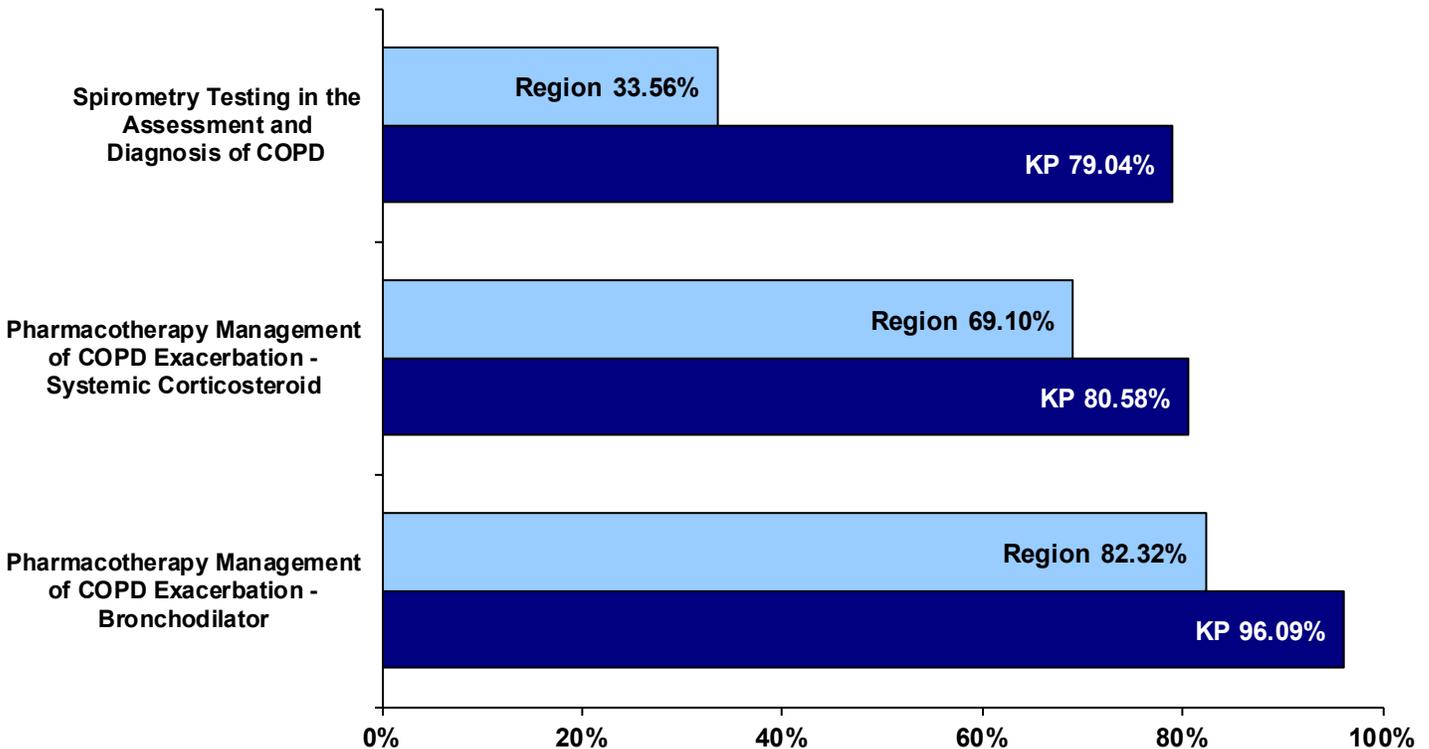


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**HEDIS 2013 Medicare Comprehensive Diabetes Care Measures**  
**Southern California**

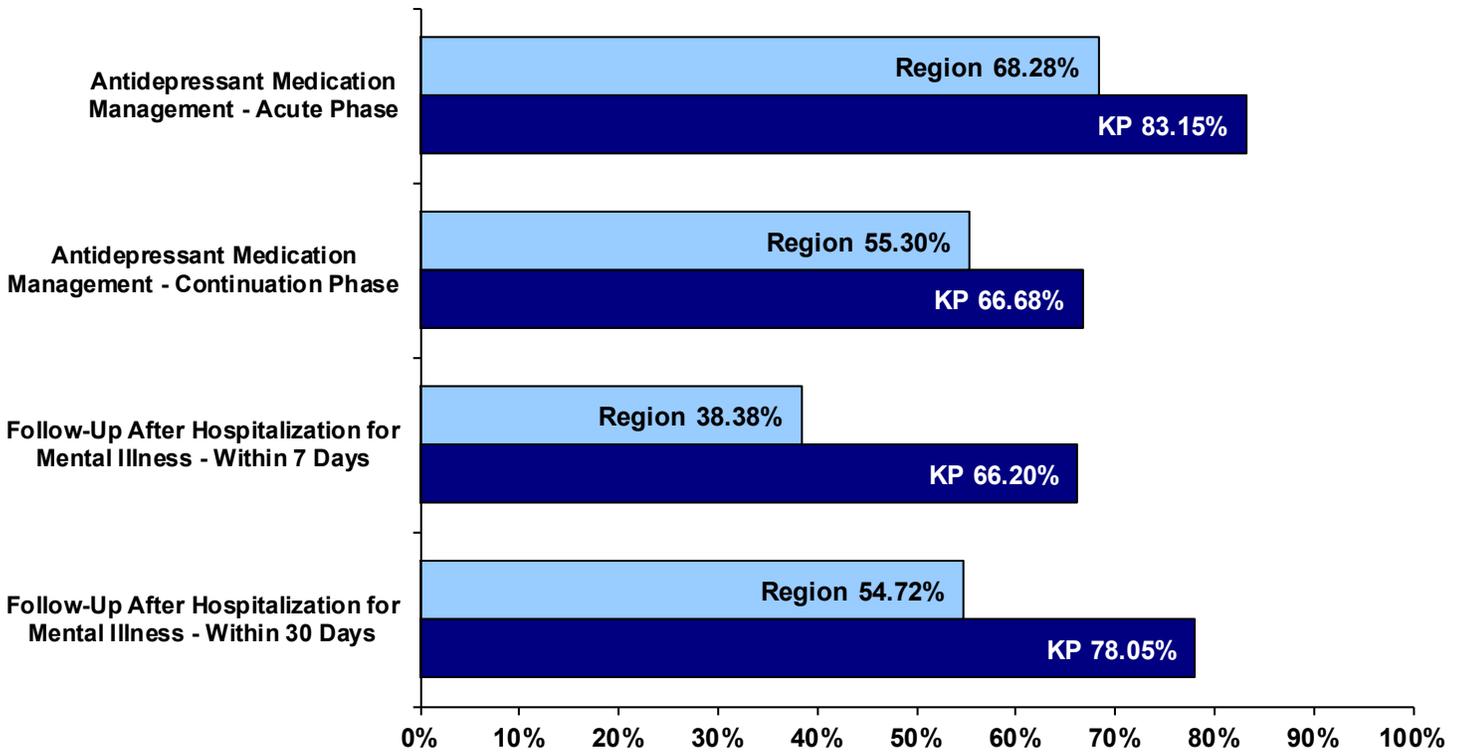


**HEDIS 2013 Medicare Treatment for Respiratory Conditions Measures**  
**Southern California**

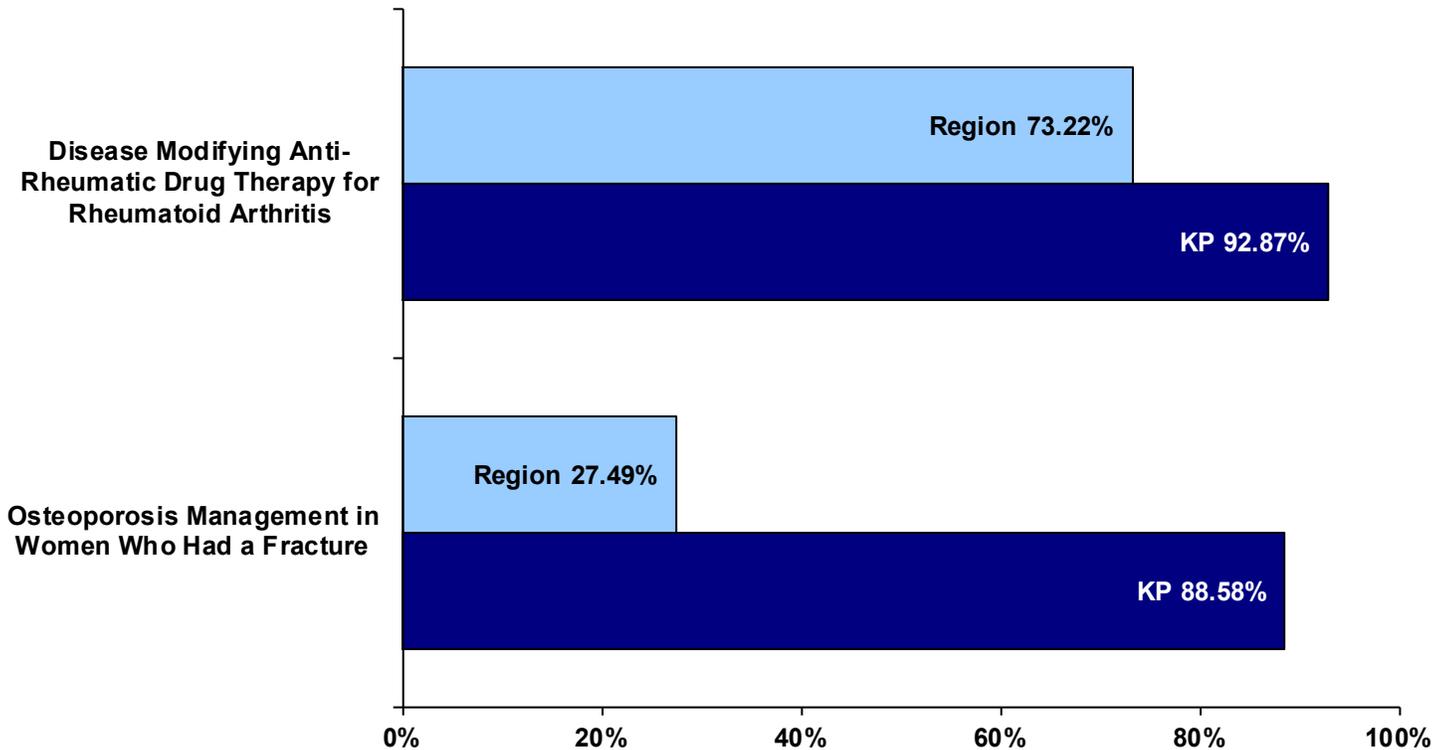


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**HEDIS 2013 Medicare Behavioral Health Measures**  
**Southern California**

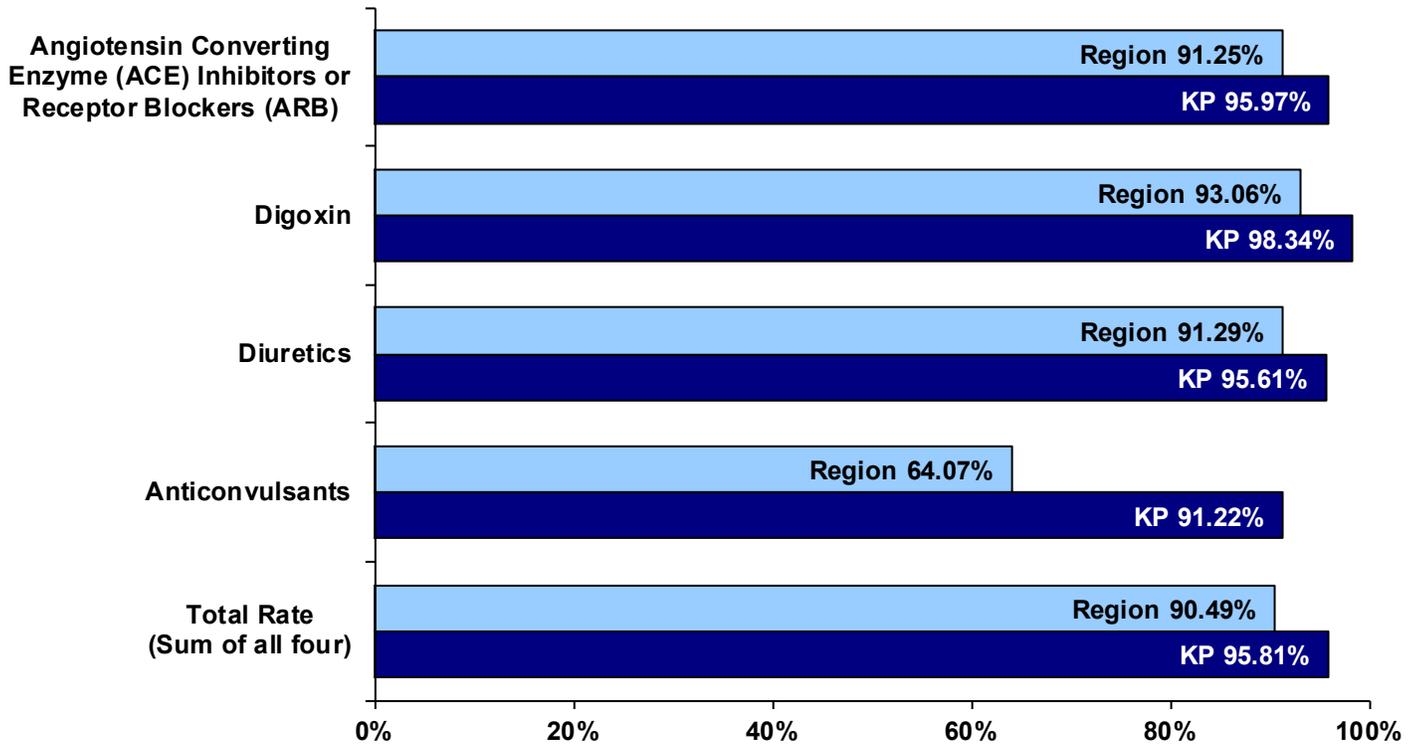


**HEDIS 2013 Medicare Management of Musculoskeletal Conditions Measures**  
**Southern California**

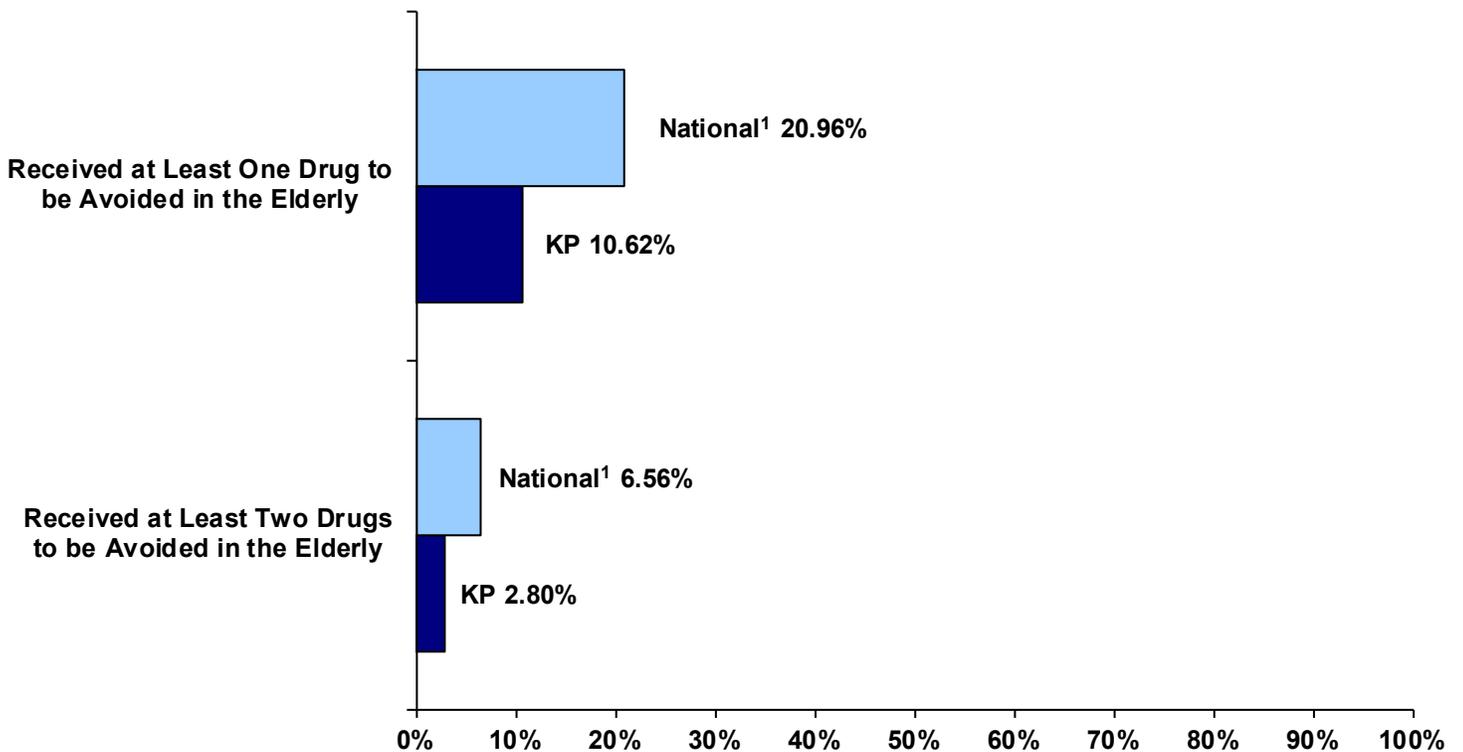


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**HEDIS 2013 Medicare Monitoring of Persistent Medications**  
**Southern California**



**HEDIS 2013 Medicare Use of High Risk Medications in the Elderly**  
**Southern California**

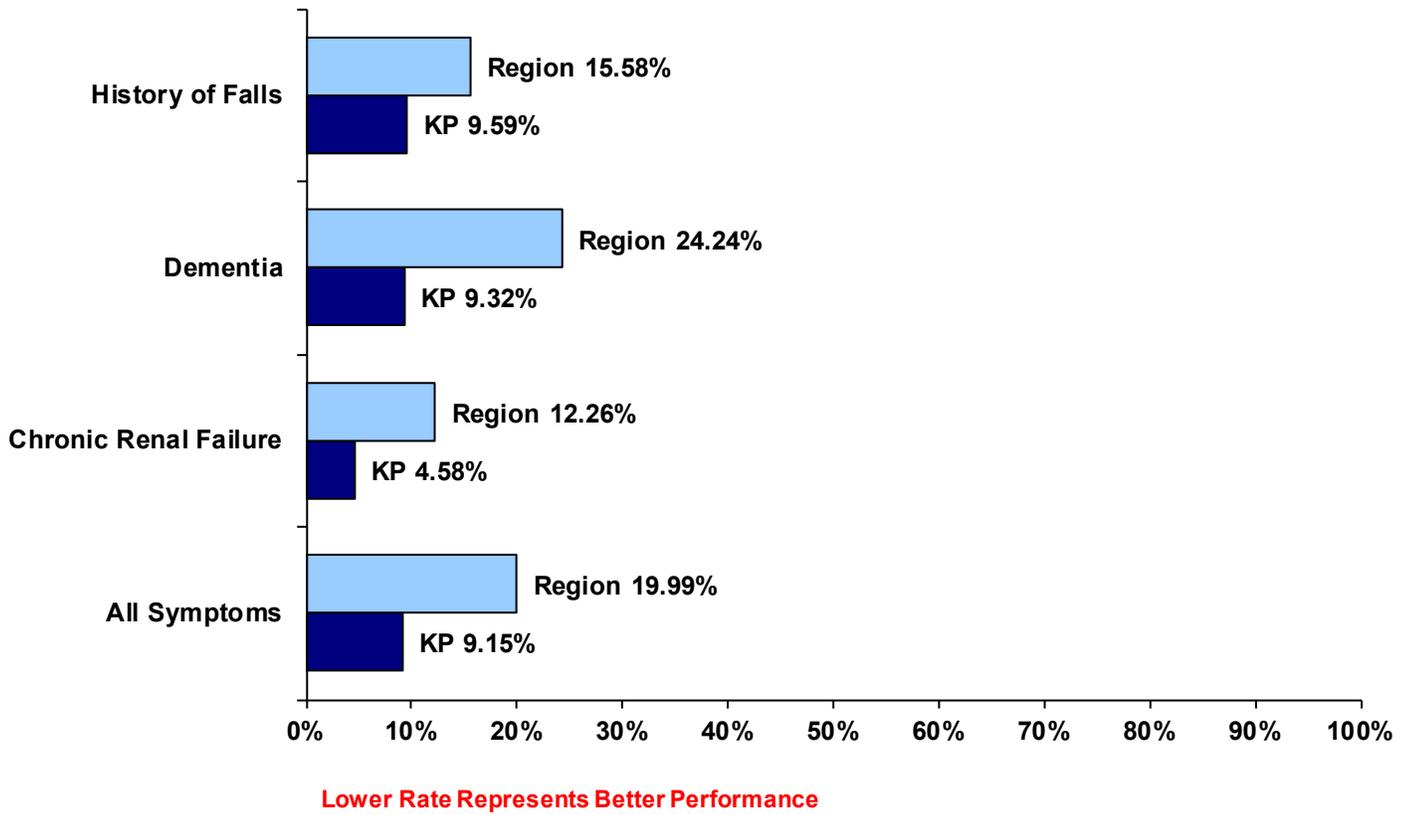


**Lower Rate Represents Better Performance**

<sup>1</sup> Measure not reported publicly by NCQA, National Average calculated using CMS Public Use Files.

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**HEDIS 2013 Medicare Potentially Harmful Drug-Disease Interactions in the Elderly**  
**Southern California**



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## Full Descriptions for HEDIS 2013 Effectiveness of Care Measures

Source: HEDIS® 2013 Technical Specifications

### Immunizations and Screenings - Adults

- Adult BMI Assessment: The percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior the measurement year.
- Breast Cancer Screening: The percentage of women 40–69 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 one or more Pap tests during to screen for cervical cancer.
- 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.
- Glaucoma Screening in Older Adults: The percentage of Medicare members 65 years of age and older who received a glaucoma eye exam by an eye-care professional for early identification of glaucomatous conditions.
- Flu Shots for Adults Ages 50-64: A rolling average represents the percentage of commercial members 50–64 years of age who received an influenza vaccination between September 1 of the measurement year and the date on which the CAHPS 5.0H Adult Survey was completed.
- Flu Shots for older Adults: The percentage of Medicare members 65 years of age and older as of January 1 of the measurement year who received an influenza vaccination between September 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 as of January 1 of the measurement year who 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 2: Four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV).
  - Combination 3: Four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) and four pneumococcal conjugate 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.
- 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 (*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**

- **Cholesterol Management for Patients With Cardiovascular Conditions:** The percentage of members 18-75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1-November 1 of the year prior to the measurement year, *or* who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year.
  - LDL-C Screening Performed
  - LDL-C Control (<100 mg/dL)
- **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 ( $\leq 140/90$ ) during the measurement year.
- **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
  - LDL-C Screening Performed
  - LDL-C Controlled (<100 mg/dL)
  - Medical Attention for Nephropathy
  - Blood Pressure Control (<140/80 mm Hg)
  - 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 Treatment for Children With Upper Respiratory Infection:** The percentage of children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate represents better performance (i.e., the proportion for whom antibiotics were not prescribed).
- **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).
- **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 represents better performance (i.e., the proportion for whom antibiotics were not prescribed).
- **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 encounter 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.
- **Use of Appropriate Medications 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 who were appropriately prescribed medication during the measurement year.

## **Behavioral Health – Adult**

- **Antidepressant Medication Management:** The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.
  - **Effective Acute Phase Treatment:** The percentage newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
  - **Effective Continuation Phase:** The percentage newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).
- **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.
  - **30 Days:** The percentage of members who received follow-up within 30 days of discharge.
  - **7 Days:** The percentage of members who received follow-up within 7 days of discharge.

## **Behavioral Health – Children**

- **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.

## **Behavioral Health – Children** (*Continued*)

- **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.

## **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).
- **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).
- **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 four 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.
  - Annual monitoring for members on anticonvulsants.
  - Total rate. (the sum of all four)
- **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 contraindicated medication, concurrent with or after the diagnosis. Report each of the three rates separately and as a total.
  - **History of Falls –** A history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents.
  - **Dementia –** Dementia and a prescription for tricyclic antidepressants or anticholinergic agents.
  - **Chronic Renal Failure –** Chronic renal failure and prescription for nonasprin NSAIDs or Cox-2 Selective NSAIDs.
  - Total rate. (sum of all three)  
*Lower rate represents better performance.*

### **Medication Management** *(Continued)*

- Use of High-Risk Medications in the Elderly:
  - 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.

*Lower rate represents better performance.*

### **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.*