PREVENTIVE MEASURES	PERFORMANCE % TARGETS	HEDIS (MEDICARE ADVANTAGE)	UW MEDICINE PATIENTS ARE FIRST	ACN (BOEING, PEBB, PREMERA)	COMMERCIAL (ALL LINES OF BUSINESS)	MEDICAID
Adult BMI Assessment	96%	✓	✓	✓	\checkmark	
Breast Cancer Screening	80%	\checkmark	\checkmark	✓	\checkmark	\checkmark
Colorectal Cancer Screening	83%	\checkmark	\checkmark	\checkmark	\checkmark	
Cervical Cancer Screening	81%		\checkmark	✓	\checkmark	✓
Chlamydia Screening in Women	62%			✓	\checkmark	✓
Osteoporosis Managemement in Women	52%	✓	✓			
Pneumoccocal Vaccination in Adults aged 65 and older	86%		✓		\checkmark	
Childhood Immunization Status	65%			\checkmark	\checkmark	✓
Care for Older Adults (COA) - Functional Status Assessment	95%	\checkmark				
Care for Older Adults (COA) - Pain Assessment	97%	✓				
Use of Imaging Studies for Low Back Pain	79%				\checkmark	
Member Satisfaction Survey Results	85%				\checkmark	
DISEASE MANAGEMENT MEASURES						
Diabetes Hemoglobin A1c Controlled*	78%	✓	√	✓	✓	✓
Diabetes Retinal Eye Exam	81%	\checkmark	✓	\checkmark	\checkmark	✓
Diabetes Kidney Disease Monitoring	98%	\checkmark			\checkmark	
Diabetes Blood Pressure Controlled*	80%	\checkmark	✓	\checkmark	\checkmark	✓
Hypertension Blood Pressure Controlled*	80%	\checkmark	\checkmark	\checkmark	\checkmark	✓
Depression Assessment Utilization with PHQ-9	90%		\checkmark	\checkmark	\checkmark	
Rheumatoid Arthritis Management	79%	\checkmark				
Annual Monitoring for Patients on Persistent Medications (POPM)	84%				\checkmark	
MEDICATION MEASURES						
High Risk Medications	97%	✓				
Medication Adherence - Cholesterol (Statins)*	86%	\checkmark		\checkmark		
Medication Adherence - Diabetes Medications*	88%	\checkmark				
Medication Adherence - Hypertension (RAS Antagonists)*	88%	✓				
Medication Management - Antidepressants	77%			\checkmark	\checkmark	✓
Statin Use in Persons with Diabetes	83%	✓			✓ ·	
Statin Therapy for Patients with Cardiovascular Disease (CVD)	84%	✓			✓	
Care for Older Adults (COA) - Medication Review	96%	✓ ✓			•	
Avoidance of Abx Treatment in Adults with Acute Bronchitis (AB)	31%	•			\checkmark	
Medication Management in People with Asthma	53%				✓ ✓	
Persistence of Beta Blocker Tx after a Heart Attack	89%				✓ ✓	
UTILIZATION	03/0				¥	
Plan All-Cause Readmissions*	< 8%	✓				
	80%	✓ ✓				
Medication Reconciliation Post-Discharge		✓ ✓				
Hospitalizations Potentially Prev. Conditions* Follow-Up Office Visit Within 7 Days of Acute Inpatient Discharge	< 28 28%	v			\checkmark	

CONTRACT LEXICON

MEDICARE ADVANTAGE: United HealthCare⁺, Regence⁺, Premera⁺, Amerigroup, Molina, Humana ACN (ACCOUNTABLE CARE NETWORK): Boeing Designated, Boeing Attributed, PEBB, Premera AHS COMMERCIAL: Premera GOC, Regence AHN, Regence TCC

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Performance Target % represent the higher value based on Medicare HEDIS 4+ STAR threshold and NCQA Quality Compass National Commercial 90th Percentile for all LOB

- = EPIC Provider Panel Metrics Splash Page Match
 - * = Triple Weighted CMS HEDIS Measure
 - + = Priority Medicare Advantage contract

UW MEI	UW MEDICINE AMBULATORY QUALITY MEASURES GRID - 2018 Version Date: March 20							March 2018			
	PERFORMANCE	MA	МА	МА	PATIENTS	ACN		AHS	сомм.	сомм.	
PREVENTIVE MEASURES	% TARGETS	UNITED	REGENCE	PREMERA		BOEING	ACN PEBB	PREMERA	REGENCE		MEDICAI
Adult BMI Assessment	96%	✓	✓			✓	✓	✓	✓	✓	
Breast Cancer Screening	80%	✓	✓	✓	✓		✓	✓	\checkmark	\checkmark	✓
Colorectal Cancer Screening	83%	✓	✓	✓	✓	✓	\checkmark	\checkmark		\checkmark	
Cervical Cancer Screening	81%				✓	✓	\checkmark	\checkmark	✓	\checkmark	✓
Chlamydia Screening in Women	62%				✓		\checkmark	\checkmark	√	\checkmark	✓
Osteoporosis Managemement in Women	52%	\checkmark		✓							
Pneumoccocal Vaccination in Adults aged 65 and older	86%				✓					\checkmark	
Childhood Immunization Status	65%				✓		\checkmark	\checkmark			✓
Care for Older Adults - Functional Status Assessment	95%	✓									
Care for Older Adults - Pain Assessment	97%	✓									
Use of Imaging Studies for Low Back Pain	79%								\checkmark	✓	
Member Satisfaction Survey Results	85%								\checkmark		
DISEASE MANAGEMENT MEASURES											
Diabetes Hemoglobin A1c Controlled*	78%	✓	✓	✓	✓	✓	√	√	✓	✓	✓
Diabetes Retinal Eye Exam	81%	✓	✓	✓	✓		✓	√	\checkmark	✓	✓
Diabetes Kidney Disease Monitoring	98%	\checkmark	✓	✓				\checkmark	\checkmark	✓	
Diabetes Blood Pressure Controlled*	80%	\checkmark			✓	\checkmark	✓				✓
Hypertension Blood Pressure Controlled*	80%	\checkmark			✓	✓	\checkmark				\checkmark
Depression Assessment Utilization with PHQ-9	90%				✓	✓					
Rheumatoid Arthritis Management	79%	\checkmark		✓							
Annual Monitoring for Patients on Persistent Meds	84%								√		
MEDICATION MEASURES											
High Risk Medications	97%	\checkmark									
Medication Adherence - Cholesterol (Statins)*	86%	\checkmark		✓			\checkmark				
Medication Adherence - Diabetes Medications*	88%	\checkmark		✓							
Medication Adherence - HTN (RAS Antagonists)*	88%	✓		✓							
Medication Management - Antidepressants	77%						\checkmark	\checkmark		\checkmark	
Statin Use in Persons with Diabetes	83%	\checkmark							\checkmark		
Statin Therapy for Patients with CVD	84%	\checkmark							\checkmark		
Care for Older Adults - Medication Review	96%	\checkmark									
Avoidance of Abx Tx in Adults w/ Acute Bronchitis	31%							\checkmark	\checkmark	\checkmark	
Medication Management in People w/ Asthma	53%								\checkmark		
Persistence of Beta Blocker Treatment after a Heart Attack	89%									\checkmark	
UTILIZATION					2				2		
Plan All-Cause Readmissions*	< 8%	\checkmark	\checkmark						\checkmark		
Medication Reconciliation Post-Discharge	80%	\checkmark	\checkmark								
Hospitalizations for Potentially Prev. Conditions*	< 28	\checkmark		\checkmark							
Follow-Up Office Visit Within 7 Days of Acute IP D/C	28%								\checkmark		

CONTRACT LEXICON

MEDICARE ADVANTAGE: United HealthCare⁺, Regence⁺, Premera⁺, Amerigroup, Molina, Humana ACN (ACCOUNTABLE CARE NETWORK): Boeing Designated, Boeing Attributed, PEBB, Premera AHS COMMERCIAL: Premera GOC, Regence AHN, Regence TCC

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Performance Target % represent the higher value based on Medicare HEDIS 4+ STAR threshold and NCQA Quality Compass National Commercial 90th Percentile for all LOB

- = EPIC Provider Panel Metrics Splash Page Match
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- + = Priority Medicare Advantage contract

		UW MEDICINE AMBULATORY QUALITY MEASURES 2018 - DEFINITIONS & CRITERIA Version Date: March 2018
	MEASURE	DEFINITION / CRITERIA
	Adult BMI Assessment	Age 18-74 years (Age 18-19 – Ht, Wt, BMI %; Age 20+ – Wt, BMI Value) Document BMI during an OP visit during current year (<u>ACN</u> : BMI Mgmt <30.0)
	Breast Cancer Screen	Women age 50-74 Mammogram completed October 1st two years prior to December 31st of current year
	Colon Cancer Screen	Age 50-75 years Colonoscopy - Every 10th year; Flexible sigmoidoscopy/CT colon - Every 5th year; FIT-DNA Test - Every 3rd year; FOBT - Every year
۳	Cervical Cancer Screen	Women age 21-64 years Age 21-64 – Cervical cytology every 3 years; Age 30-64 – Cervical cytology/HPV co-testing every 5 years
É	Chlamydia Screen Women	Females 16-24 years Identified as sexually active and had at least one test for chlamydia during the current measurement year
PREVENTIVE	Osteo Mgmt in Women	Women age 67-85 who suffered a fracture and who had either: BMD test (DEXA) or prescription to treat osteo within 6 months of fracture Excludes: fractures to the finger, toe, face or skull
₫	PNA Vaccine in Adults 65+	Initial vaccine to patients who never received vaccine under Medicare Part B Different, second vaccine 1 year after first vaccine was administered
	Childhood Immunization	Children age 2 Evidence of having received all recommended immunizations (to include: DtaP, VZV, IPV, PCV, MMR, HepA, HepB, HiP, RV, flu)
	COA - Functional Status	Age 66 and older who had a functional status assessment in the measurement year.
	COA - Pain Assessment	Age 66 and older who were assessed for pain in the measurement year.
	Imaging Studies for LBP	Adults ages 18-50 years Primary diagnosis of low back pain who have had an imaging study (plain XR, MRI or CT) within 28 days of diagnosis
	Diabetes A1c Controlled*	Age 18-75 years with Type 1 or Type 2 DM Testing: A1c test during the current year Controlled: ≤9.0% during current year
	Diabetes Retinal Eye Exam	Age 18-75 years with Type 1 or Type 2 DM W/ Retinopathy - Retinal or dilated eye exam every year; W/o Retinopathy - Every 2nd year
F	Diabetes Nepropathy Test	Age 18-75 years with Type 1 or Type 2 DM Medical attn for nephropathy every year; Prescribed/Taking ACE Inhibitor or ARB; Urine test for protein or
U		albumin; A visit with a nephrologist
Σ	Diabetes BP Controlled*	Age 18-75 years with Type 1 or Type 2 DM Most recent BP reading documented during the current year BP controlled <140/90 mmHg
ASI	Hypertension BP Controlled*	Age 18-85 years w/ dx HTN during at least 1 OP visit Most recent BP current year 18-59: <140/90; 60-85 w/ DM: <140/90; 60-85 w/ o DM: <150/90
DISEASE	Depression Assess w/ PHQ-9	Age 18 and older Had a qualifying outpatient visit for depression or dysthymia in the reporting month or 3 months prior as identified by: a) PC OP
	-	encounter w/ major depression/dysthmia dx in any position, or b) a BH encounter w/ depression/dysthmia dx in any position
	Rheumatoid Arthritis Mgmt	Age 18 and older with a dx of Rheumatoid Arthritis Dispensed at least one ambulatory prescription(s) for a DMARD during the current year
	Annual Monitoring POPM	Age 18 and older Received at least 180 treatment days of ambulatory medication therapy for a selected therapeutic agent in measurement year
	High Risk Medications	Age 65 and older Had at least 2 fills of qualifying HRMs or exceeded specified doses or cumulative dosing within the current measurement year
	Med Adherence - Statins*	Age 18 and older Patients who adhere to their cholesterol (statin) medication at least 80% of the time in the measurement period
	Med Adherence - Diabetes*	Age 18 and older Patients who adhere to their diabetes medications at least 80% of the time in the measurement period Defined as: those who
		have at least 2 fills of diabetes medications during the measurement year
	Med Adherence - RAS Antag*	Age 18 and older Patients who adhere to their hypertension (RAS Antagonist) medication at least 80% of the time in the measurement period
S	Med Mgmt - Antidepressants	Age 18 and older with a dx of major depression Treated with antidepressants and who remained on an antidepressant tx for at least 6 months
Η	Statin Use in Pts w/ Diabetes	Age 40-75 w/ DM Receive at least 1 fill of a Statin in the measurement year DM defined as: pts who have at least 2 fills of DM meds during year Males 21-75 / Females 40-75 identified as having clinical ASCVD Either: a) Received statin therapy (dispensed at least 1 high or moderate intensity
S		statin med during measurement year; or b) Statin adherence 80% (remained on a high or moderate intensity statin med for at least 80% of the
MEDICATION	Statin Therapy for Pts w/ CVD	treatment period)
	COA - Medication Review	Adults ages 66 and older who had a med review by a clinical pharmacist or prescribing practitioner in the measurement year
	Beta Blocker Tx after a MI	Age 18 and older Hospitalized and discharged w/ a dx of acute MI and received persistent beta blocker treatment for 6 months after discharge
	Avoid Abx in Adults w/ AB	Age 18-64 years with a diagnosis of acute bronchitis Not dispensed an antibiotic prescription on or 3 days after the Index Episode Start Date
	Med Reconciliation Post-	Age 18 and older Medications reconciled on the date of discharge through 30 days after discharge (31 days total) Discharges from January 1-
	Discharge	December 1 of current measurement year
	Med Mgmt in Pts w/ Asthma	Adults and children ages 5-85 years Identified as having persistent asthma and were dispensed appropriate asthma controller meds and have
UTILIZATION		remained on for at least 75% of their treatment period
AT	Plan All-Cause Readmissions*	Age 18 and older Number of acute inpatient days during the current measurement year that were followed by an unplanned acute readmission for
LIZ		any diagnosis within 30 days and the predicted probability of an acute readmission
	Hospitalizations Potentially	Age 67 and older Rate of discharges for an acute care sensitive condition (ACSC) per 1,000 patients (takes into account the risk-adjusted ratio of
	Prev. Conditions*	observed to expected D/C's for an ACSC by chronic and acute condition) Every IP hospitalization for an ACSC during the year counts

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