2017 HEDIS® and CAHPS®
Report for Members

Our Commitment to Quality
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Introduction

Our Mission

Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Our Vision

We are trusted partners in total health, collaborating with people to help them thrive and creating communities that are among the healthiest in the nation.

About This Report

The word “quality” is thrown around pretty loosely in health care marketing, with everyone touting “high quality” without really qualifying what that means.

So how can you really know which plans and providers offer the most expert, high-value care and service? How can you feel confident you’re selecting health care partners who will meet your needs and keep you healthier?

Fortunately, widely recognized, third-party assessments are available to help you compare the quality of health plans and providers. Kaiser Permanente was one of the first health care systems to issue quality “report cards” based on the national standard measures developed by the National Committee for Quality Assurance (NCQA).

In this report, we will walk you through how KPWA scored across quality measures in two of our annual surveys and share insights into why these metrics matter and how we are actively working to improve our performance along the way.

What is HEDIS?

A registered trademark of the NCQA, the Healthcare Effectiveness Data & Information Set (HEDIS) is a performance measurement tool used by health plans to reliably compare how health plans perform on important dimensions of care and service.

Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare performance on an “apples-to-apples” basis to national benchmarks in more than 91 measures across seven domains of care.
What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey that asks consumers and patients to report on and evaluate their experiences with health care. CAHPS covers topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

CAHPS was developed to provide standardized information on the health care experiences of consumers. Users of this information include the Centers for Medicare & Medicaid Services, National Committee for Quality Assurance, and Veterans Health Administration. CAHPS is a registered trademark of the AHRQ.

Our HEDIS and CAHPS performance is linked to a number of other objective health care evaluations, which are used by major national and Washington Health Alliance quality programs:

The NCQA Accreditation is an evaluative, rigorous, transparent, and comprehensive process by trained external peers to examine a health care organization’s systems, processes, and performance by an impartial external organization. In order to earn NCQA Accreditation, plans must do well on an extensive set of standards: quality management and improvement, utilization management, credentialing and re-credentialing, member rights and responsibilities, standards for member connections, and HEDIS/CAHPS performance measures, with additional standards for accredited Medicare and Medicaid plans.

Medicare Star Ratings were created to help beneficiaries assess Medicare Advantage health plans based on quality of care and service. The Centers for Medicare & Medicaid Services (CMS) assigns scores to Medicare Advantage plans based on more than 50 care and service quality measures across five categories. Criteria include how a health plan helps its members stay healthy and manage chronic conditions, as well as member satisfaction, customer service, and pharmacy services. Medicare then evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next.

Understanding the Data

The 2017 measures shown in this report reflect Kaiser Permanente Washington’s performance for the 2016 calendar year. All HEDIS results are independently audited. To ensure the integrity of HEDIS and CAHPS data, NCQA requires that health plans use an NCQA-certified third party vendor to administer the survey. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility or any such analysis, interpretation, or conclusion.

The quality measures in this report have been organized into three major categories (Prevention, Treatment, and Experience) and are accompanied by relevant health statistics provided by NCQA. When viewing the graphs, pay attention to how our current year performance measures up to the benchmark and target rates, as well as the distinctions between Commercial HMO vs. Medicare HMO results. Please note that there may be missing data points due to some quality measures being newer.

Color guides like the one below will help you understand the graphs in this report:
## Summary of Results

<table>
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<td>78.20%</td>
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</table>
Preventative Care

Measuring the Quality of Preventive Care

From youth until old age, every one of our members can benefit from periodic check-up’s, timely immunizations, and regular screening tests to help prevent or manage diseases to support a healthy, happy life.

In this section:
- Childhood Immunization Status (Combo 10)
- Immunizations for Adolescents (Combo 1)
- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Timeliness of Prenatal Care
- Postpartum Care
Childhood Immunization Status (Combination 10)
Commercial HMO

What is being measured?
Members 2 years old who have had:

- four diphtheria, tetanus and acellular pertussis (DTaP)
- three polio (IPV); one measles, mumps and rubella (MMR)
- three haemophilus influenza type B (HiB)
- three hepatitis B (HepB), one chicken pox (VZV) four pneumococcal conjugate (PCV)
- one hepatitis A (HepA)
- two or three rotavirus (RV); two influenza (flu) vaccines

Why is it Important?
Approximately 300 children in the United States die each year from vaccine-preventable diseases.1 Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus and whooping cough, at a time in their lives when they are most vulnerable to disease.2,3 Immunizations are essential for disease prevention and are a critical aspect of preventive care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.4
Prevention

Immunizations for Adolescents (Combination 1)
Commercial HMO

What is being measured?
Adolescents 13 years old who had at least one dose of meningococcal conjugate vaccine between their 11th and 13th birthdays, had at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, with a date of service on or between their 10th and 13th birthdays, had at least three human papillomavirus (HPV) vaccines between their 9th and 13th birthdays (females only), had both the meningococcal conjugate and Tdap immunizations by their 13th birthday.

Why is it Important?
Vaccines are a safe and effective way to protect adolescents against potential deadly diseases.\textsuperscript{5} Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough) and human papillomavirus. These are serious diseases that can cause breathing difficulties, heart problems, nerve damage, pneumonia, seizures, cancer—and even death.\textsuperscript{6}
**Prevention**

**Colorectal Cancer Screening**

**Commercial HMO**

What is being measured?
The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

Why is it Important?
Treatment for colorectal cancer in its earliest stage can lead to a 65 percent survival rate after five years. However, screening rates for colorectal cancer lag behind other cancer screening rates—only about half of people age 50 or older, for whom screening is recommended, have been screened. Colorectal cancer screening in asymptomatic adults between the ages of 50 and 75 can catch polyps before they become cancerous or detect colorectal cancer in its early stages, when treatment is most effective.
**Prevention**

**Colorectal Cancer Screening**

*Medicare HMO*

---

### What is being measured?

The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.

### Why is it Important?

Treatment for colorectal cancer in its earliest stage can lead to a 65 percent survival rate after five years. However, screening rates for colorectal cancer lag behind other cancer screening rates—only about half of people age 50 or older, for whom screening is recommended, have been screened. Colorectal cancer screening in asymptomatic adults between the ages of 50 and 75 can catch polyps before they become cancerous or detect colorectal cancer in its early stages, when treatment is most effective.
Breast Cancer Screening
Commercial HMO

What is being measured?
The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Why is it Important?
Aside from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity. Screening can improve outcomes: early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower health care costs.
Breast Cancer Screening
Medicare HMO

What is being measured?
The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Why is it Important?
Aside from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity.8 Screening can improve outcomes: early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower health care costs.9
**Prevention**

## Cervical Cancer Screening
**Commercial HMO**

### What is being measured?

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: Women age 21–64 who had cervical cytology (Pap test) performed every 3 years OR Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

### Why is it Important?

Cervical cancer is a disease in which cells in the cervix (the lower, narrow end of the uterus) grow out of control. Cervical cancer used to be one of the most common causes of cancer death for American women; effective screening has reduced the mortality rate by more than 50 percent over the last 30 years. Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable.\(^\text{10}\)
Timeliness of Prenatal Care
Commercial HMO

What is being measured?
The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.

Why is it Important?
Timely and adequate prenatal care can prevent poor birth outcomes. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that a woman with an uncomplicated pregnancy be examined every 4 weeks for the first 28 weeks of pregnancy, every 2 to 3 weeks until 36 weeks of gestation and weekly thereafter, as well as one postpartum visit.

Appropriate perinatal services and education are crucial components of a healthy birth. Understanding how to stay healthy is important for preventing complications that can affect the health of both mother and baby before, during and after pregnancy.
What is being measured?
The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

Why is it Important?
Timely and adequate prenatal care can prevent poor birth outcomes.\textsuperscript{11} The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that a woman with an uncomplicated pregnancy be examined every 4 weeks for the first 28 weeks of pregnancy, every 2 to 3 weeks until 36 weeks of gestation and weekly thereafter, as well as one postpartum visit.\textsuperscript{12}

Appropriate perinatal services and education are crucial components of a healthy birth. Understanding how to stay healthy is important for preventing complications that can affect the health of both mother and baby before, during and after pregnancy.
Birthday Letters

At Kaiser Permanente Washington, one of our goals is to help patients know when these preventive care needs are due. On top of calls and emails, we send letters to patients about once a year to remind them about all their routine preventive care needs. These reminders are sent to patients between the age of 4 months and 75 years old, and are often used as a planning tool for the calendar year. Because patients be due for more than one preventive care need in a short period of time, we alert them so that they can take care of everything in one visit.

Additionally, we also use automated calls to remind patients about care needs, such as mammograms and diabetic retinal eye exams, which increases the efficiency of scheduling.

Our Commitment to Your Preventive Care

Immunization for Children

We strive to bring kids up-to-date on their immunizations every time we see them, even if they came to the clinic for something else. By far, the most important care we provide to reduce disease, disability and death in children is to keep them fully immunized. Below are immunizations that all children must have by age of 2.

Visit www.cdc.gov to see the list of vaccination recommendations for children and adolescents ages 7-18 years old.

- Diphtheria, tetanus, pertussis (DTaP) 4 doses
- Inactivated polio virus (IPV) 3 doses
- Measles, mumps, rubella (MMR) 1 dose
- H influenza type B (Hib) 3 doses
- Hepatitis B (HepB) 3 doses
- Chickenpox (varicella) 1 dose
- Pneumococcal conjugate vaccine (PCV) 4 doses
- Hepatitis A (HepA) 1 dose
- Rotavirus (RV) 2 or 3 doses brand dependent
- Influenza (flu) 2 doses
Measuring the Quality of Treatment

At Kaiser Permanente, we leverage our technology, our integrated system and our dedicated care teams to ensure that patients with chronic conditions receive the proactive support, high-quality and coordinated care, and necessary follow up they need to maintain optimal health.

In this section:

• Asthma Medication Ratio
• Medication Management for People with Asthma
• Appropriate Testing for Children with Pharyngitis
• Appropriate Testing for Children with URI
• Comprehensive Diabetic Care
• Comprehensive Heart Care
• Antidepressant Medication Management
• Follow-Up After Hospitalization for Mental Illness
• Osteoporosis Management in Women
• Plan All Cause Readmissions
Asthma Medication Ratio
Commercial HMO

What is being measured?
The percentage of members 5–85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Why is it Important?
Asthma is a treatable, reversible condition that affects more than 25 million people in the United States. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.
What is being measured?
The percentage of members 5–85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Why is it Important?
Asthma is a treatable, reversible condition that affects more than 25 million people in the United States. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.1 The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.
Medication Management for People with Asthma
Commercial HMO

What is being measured?
The percentage of members age 5–85 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period: The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Why is it Important?
Asthma is a treatable, reversible condition that affects more than 25 million people in the United States. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.
Medication Management for People with Asthma
Medicare HMO

What is being measured?
The percentage of members age 5–85 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period: The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Why is it Important?
Asthma is a treatable, reversible condition that affects more than 25 million people in the United States. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.
## Appropriate Testing for Children with Pharyngitis

### Commercial HMO

### What is being measured?

The percentage of children 3–18 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).

### Why is it Important?

Pharyngitis, or sore throat, is a leading cause of pediatric ambulatory care visits and can be caused by a virus or by bacteria.² Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis would prevent the spread of sickness, while reducing the unnecessary use of antibiotics.³ Inappropriate treatments with antibiotics can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections),⁴ which makes it essential that children with pharyngitis have appropriate testing, diagnosis and treatment.
**Appropriate Testing for Children with URI**

**Commercial HMO**

**What is being measured?**

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.

**Why is it Important?**

Most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often, antibiotics are prescribed inappropriately, which can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections). Antibiotic resistance is a major health concern in the United States and around the world. Recent efforts to decrease unnecessary prescribing have resulted in fewer children receiving antibiotics in recent years, but inappropriate use remains a problem. Increased education and awareness of appropriate treatment for URIs can reduce the danger of antibiotic-resistant bacteria.
What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an HbA1c test performed during the measurement year as identified by administrative data or medical record review.

Why is it Important?
HbA1c (hemoglobin A1c) is a blood test which indicates blood sugar control over the last 3 months. Well-managed diabetes greatly reduces complications associated with diabetes such as heart disease, blindness, kidney disease and peripheral nerve damage which can lead to amputation. Tracking HbA1c over time helps people with diabetes and their doctors to make the best decisions for getting and staying healthy.
Diabetic Care: HbA1c Testing
Medicare HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an HbA1c test performed during the measurement year as identified by administrative data or medical record review.

Why is it Important?
HbA1c (hemoglobin A1c) is a blood test which indicates blood sugar control over the last 3 months. Well-managed diabetes greatly reduces complications associated with diabetes such as heart disease, blindness, kidney disease and peripheral nerve damage which can lead to amputation. Tracking HbA1c over time helps people with diabetes and their doctors to make the best decisions for getting and staying healthy.
Diabetic Care: Poor HbA1c Control
Commercial HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through automated laboratory data or medical record review.

Why is it Important?
HbA1c (hemoglobin A1c) is a blood test which indicates blood sugar control over the last 3 months. Well-managed diabetes greatly reduces complications associated with diabetes such as heart disease, blindness, kidney disease and peripheral nerve damage which can lead to amputation. This quality measure indicates how well a health care system is helping people with diabetes manage blood sugar. In this case, a lower score means fewer people have high blood sugars which expose them to higher risk of complications.
**Diabetic Care: Poor HbA1c Control**

**Medicare HMO**

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through automated laboratory data or medical record review.

Why is it Important?
HbA1c (hemoglobin A1c) is a blood test which indicates blood sugar control over the last 3 months. Well-managed diabetes greatly reduces complications associated with diabetes such as heart disease, blindness, kidney disease and peripheral nerve damage which can lead to amputation. This quality measure indicates how well a health care system is helping people with diabetes manage blood sugar. In this case, a lower score means fewer people have high blood sugars which expose them to higher risk of complications.
Diabetic Care: Medical Attention for Nephropathy
Commercial HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening or monitoring test during the measurement year or evidence of nephropathy during the measurement year, as documented through either administrative data or medical record review.

Why is it Important?
People with diabetes have a higher risk of kidney damage. To minimize kidney damage, and other diabetes complications, doctors and nurses help patients manage their diabetes. Additionally, it is still a good idea to check the condition of kidneys once a year with a simple urine test. The earlier any kidney damage is discovered, the greater the chance of intervening to protect and preserve the kidneys.\(^5\)
Diabetic Care: Medical Attention for Nephropathy
Medicare HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening or monitoring test during the measurement year or evidence of nephropathy during the measurement year, as documented through either administrative data or medical record review.

Why is it Important?
People with diabetes have a higher risk of kidney damage. To minimize kidney damage, and other diabetes complications, doctors and nurses help patients manage their diabetes. Additionally, it is still a good idea to check the condition of kidneys once a year with a simple urine test. The earlier any kidney damage is discovered, the greater the chance of intervening to protect and preserve the kidneys.5
Diabetic Care: Eye Exams
Commercial HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had screening or monitoring for diabetic retinal disease as identified by administrative data.

This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year OR a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

Why is it Important?
Having diabetes puts a person at risk for developing damage to the retinas—the area at the back of the eye which sends visual information to the brain. To minimize retinal damage, and other diabetes complications, doctors and nurses help patients manage their diabetes. Additionally, it is still a good idea to check the condition of the retinas every 1-2 years with a simple eye test. The earlier any retinal damage is discovered, the greater the chance of intervening to protecting a patient’s sight.\(^5\)
Diabetic Care: Eye Exams
Medicare HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had screening or monitoring for diabetic retinal disease as identified by administrative data.

This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year OR a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

Why is it Important?
Having diabetes puts a person at risk for developing damage to the retinas– the area at the back of the eye which sends visual information to the brain. To minimize retinal damage, and other diabetes complications, doctors and nurses help patients manage their diabetes. Additionally, it is still a good idea to check the condition of the retinas every 1-2 years with a simple eye test. The earlier any retinal damage is discovered, the greater the chance of intervening to protecting a patient’s sight.\textsuperscript{5}
Diabetic Care: Blood Pressure Control
Commercial HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

Why is it Important?
Blood pressure control, along with blood sugar control, is a cornerstone of diabetes management. Keeping a person with diabetes’ blood pressure below 140/90 helps protect the kidneys, heart and other vital organs and blood vessels. Controlling blood pressures reduces the risk of diabetic complications such as heart disease, blindness, kidney disease and peripheral nerve damage which can lead to amputation.
Diabetic Care: Blood Pressure Control

Medicare HMO

What is being measured?
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

Why is it Important?
Blood pressure control, along with blood sugar control, is a cornerstone of diabetes management. Keeping a person with diabetes’ blood pressure below 140/90 helps protect the kidneys, heart and other vital organs and blood vessels. Controlling blood pressures reduces the risk of diabetic complications such as heart disease, blindness, kidney disease and peripheral nerve damage which can lead to amputation.5
What is being measured?

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year.

Why is it Important?

Cardiovascular disease (CVD) is the leading cause of death in the United States. It is estimated that 92.1 million American adults have one or more types of cardiovascular disease. People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Statins are a class of drugs that lower blood cholesterol and the American Diabetes Association recommends statins for primary prevention of cardiovascular disease in patients with diabetes.
**Diabetic Care: Statin Therapy Received**

**Medicare HMO**

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**What is being measured?**

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year.

**Why is it Important?**

Cardiovascular disease (CVD) is the leading cause of death in the United States. It is estimated that 92.1 million American adults have one or more types of cardiovascular disease. People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Statins are a class of drugs that lower blood cholesterol and the American Diabetes Association recommends statins for primary prevention of cardiovascular disease in patients with diabetes.
Heart Care: Controlling High Blood Pressure
Commercial HMO

What is being measured?
The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:
- Members 18–59 years of age whose BP was <140/90 mm Hg,
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg,
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Why is it Important?
Known as the “silent killer,” high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States. Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious conditions. Health care providers and plans can help individuals manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity and smoking cessation.
Heart Care: Controlling High Blood Pressure
Medicare HMO

**What is being measured?**

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria: Members 18–59 years of age whose BP was <140/90 mm Hg, Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg, and Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

**Why is it Important?**

Known as the “silent killer,” high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States. Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious conditions. Health care providers and plans can help individuals manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity and smoking cessation.
Heart Care: Statin Therapy Received
Commercial HMO

What is being measured?
The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and dispensed at least one high or moderate-intensity statin medication during the measurement year.

Why is it Important?
Cardiovascular disease (CVD) is the leading cause of death in the United States. It is estimated that 92.1 million American adults have one or more types of cardiovascular disease. Having unhealthy cholesterol levels places people at significant risk for developing atherosclerotic cardiovascular disease (ASCVD). The American College of Cardiology and American Heart Association recommends statins, a class of drugs that lower blood cholesterol, for primary prevention of both CVD and ASCVD.
Heart Care: Statin Therapy Received
Medicare HMO

What is being measured?
The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and dispensed at least one high or moderate-intensity statin medication during the measurement year.

Why is it Important?
Cardiovascular disease (CVD) is the leading cause of death in the United States. It is estimated that 92.1 million American adults have one or more types of cardiovascular disease. Having unhealthy cholesterol levels places people at significant risk for developing atherosclerotic cardiovascular disease (ASCVD). The American College of Cardiology and American Heart Association recommends statins, a class of drugs that lower blood cholesterol, for primary prevention of both CVD and ASCVD.
What is being measured?

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Why is it Important?

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients’ medication compliance, monitoring treatment effectiveness and identifying and managing side effects. Effective medication treatment of major depression can improve a person’s daily functioning and well-being, and can reduce the risk of suicide.
Antidepressant Medication Management (Acute)
Medicare HMO

What is being measured?
The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Why is it Important?
Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients’ medication compliance, monitoring treatment effectiveness and identifying and managing side effects. Effective medication treatment of major depression can improve a person’s daily functioning and well-being, and can reduce the risk of suicide.
Antidepressant Medication Management (Continuation)

Commercial HMO

What is being measured?
The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Why is it Important?
Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year.\(^9,10\) Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients’ medication compliance, monitoring treatment effectiveness and identifying and managing side effects.\(^11\) Effective medication treatment of major depression can improve a person’s daily functioning and well-being, and can reduce the risk of suicide.
Antidepressant Medication Management (Continuation)

What is being measured?
The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Why is it Important?
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Follow-Up After Hospitalization for Mental Illness (7 Days)
Commercial HMO

What is being measured?
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. The percentage of discharges for which the member received follow-up within 7 days of discharge.

Why is it Important?
Approximately one in four adults in the U.S. suffers from mental illness in a given year and nearly half of U.S. adults will develop at least one mental illness in their lifetime. There are over 2,000,000 hospitalizations each year for mental illness in the United States. Patients hospitalized for mental health issues are vulnerable after their discharge and follow-up care by trained mental health clinicians is critical for their health and well-being.
Follow-Up After Hospitalization for Mental Illness (7 Days)

Medicare HMO

**What is being measured?**

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. The percentage of discharges for which the member received follow-up within 7 days of discharge.

**Why is it Important?**

Approximately one in four adults in the U.S. suffers from mental illness in a given year and nearly half of U.S. adults will develop at least one mental illness in their lifetime.\(^1_2,^1_3\) There are over 2,000,000 hospitalizations each year for mental illness in the United States.\(^1_4\) Patients hospitalized for mental health issues are vulnerable after their discharge and follow-up care by trained mental health clinicians is critical for their health and well-being.
Follow-Up After Hospitalization for Mental Illness (30 Days)
Commercial HMO

What is being measured?
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. The percentage of discharges for which the member received follow-up within 30 days of discharge.

Why is it Important?
Approximately one in four adults in the U.S. suffers from mental illness in a given year and nearly half of U.S. adults will develop at least one mental illness in their lifetime. There are over 2,000,000 hospitalizations each year for mental illness in the United States. Patients hospitalized for mental health issues are vulnerable after their discharge and follow-up care by trained mental health clinicians is critical for their health and well-being.

Commercial HMO: National Average 90th Percentile KPWA Rates

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<th>Year</th>
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</tr>
<tr>
<td>2017</td>
<td>81.4</td>
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</table>
Follow-Up After Hospitalization for Mental Illness (30 Days)
Medicare HMO

What is being measured?
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. The percentage of discharges for which the member received follow-up within 30 days of discharge.

Why is it Important?
Approximately one in four adults in the U.S. suffers from mental illness in a given year and nearly half of U.S. adults will develop at least one mental illness in their lifetime.\textsuperscript{12,13} There are over 2,000,000 hospitalizations each year for mental illness in the United States.\textsuperscript{14} Patients hospitalized for mental health issues are vulnerable after their discharge and follow-up care by trained mental health clinicians is critical for their health and well-being.
Plan All-Cause Readmissions
Commercial HMO

What is being measured?
The rate of adult acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge. As well as reporting observed rates, NCQA also specifies that plans report a predicted probability of readmission in order to account for the prior and current health of the member, among other factors.

Why is it Important?
A “readmission” occurs when a patient is discharged from the hospital and then admitted back into the hospital within a short period of time. A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or a lack of appropriate post-discharge planning and care coordination. Unplanned readmissions are associated with increased mortality and higher health care costs. Unplanned readmissions can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management.17
Plan All-Cause Readmissions

Medicare HMO

What is being measured?

The rate of adult acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge. As well as reporting observed rates, NCQA also specifies that plans report a predicted probability of readmission in order to account for the prior and current health of the member, among other factors.

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Osteoporosis Management in Women Who Had a Fracture
Medicare HMO

What is being measured?
The percentage of women aged 65-85 years who suffered a fracture (excluding fracture of a finger, toe, face, or skull) and within 6 months of the fracture underwent a DEXA scan (Dual Energy X-Ray Absorptiometry, a special type of X-ray that measures bone mineral density and is used to diagnose osteoporosis), OR filled a prescription for one of the following medications: Bisphosphonates (alendronate, risedronate, etc.), “Other” agents (calcitonin, denosumab, etc.)

Why is it Important?
Osteoporosis is a serious disease in the elderly that can impact their quality of life. Osteoporosis is a bone disease characterized by low bone mass, which leads to bone fragility and increased susceptibility to fractures of the hip, spine and wrist. Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life and increased mortality. With appropriate screening and treatment, the risk of osteoporosis-related fractures can be reduced.
Controlling Blood Pressure

Controlling blood pressure can keep individuals from having a stroke, heart attack, and kidney failure. To prevent hypertension, Kaiser Permanente Washington strives to educate all members at every opportunity on lifestyle modifications such as tobacco cessation and weight management, as well as risk factors like obesity, physical inactivity, and high sodium intake.

Kaiser Permanente Washington clinical staff use optimal techniques in measuring blood pressure accurately at every visit (excluding eye care and dermatology visits). It is standard for staff to repeat taking the patient’s blood pressure if the first reading is elevated. Employing this strategy has resulted in more accurate diagnosis and ultimately, better treatment for our members.

Fracture Follow-Up for Older Women

A fall can be devastating for older people, and a previous fall puts a patient at higher risk for future falls. We want to do everything we can to keep our older patients walking, active and safe.

Kaiser Permanente Washington employs two Adult Registered Nurse Practitioners (ARNPs) to care for this small, but special population. These ARNPs phone or send a secure message to women who have had fractures, helping them get follow up care to treat osteoporosis and, hopefully, prevent another fracture. The Dual Energy X-Ray Absorptiometry, for example, is key to diagnosing osteoporosis through its ability to measure bone mineral density. This program has been successful in improving performance for the patients seen in our Kaiser Permanente medical offices – so successful that there are plans to expand the program.
Chronic Disease Management

Our team of population care registered nurses (RNs) assist members with diabetes. Evidence-based research shows that frequent communication or “touches” between a nurse and a diabetic patient can greatly improve outcomes such as blood sugar control and lower HbA1c. These “touches” can be as simple as an email or a phone call, or a more-involved in-person visit. The principle behind these frequent “touches” is improved clinical support like diabetes education, lifestyle coaching, interpreting blood sugar data, and insulin help.

Clinical support helps prevent “clinical inertia” that often happens when treating diabetes. This is when a single method of treatment is used for a month or longer before escalating the treatment, and it can mean a longer time living with out-of-control diabetes.

There are two ways our members might be offered chronic disease management services at Kaiser Permanente Washington - physicians refer members to the program, or population care registered nurses reach out to patients directly to assess their interest. Nurses and physicians work together, using an individualized medical treatment plan, with goals designed and created by physicians.

Nurses contact patients every 1-2 weeks over 3-12 months until the medical treatment plan goal is met, or when a patient decides they no longer want to participate. Nurses also provide holistic care and will assess for and help manage hypertension and depression.
Kaiser Permanente is committed to providing service that exceeds our members’ expectations.

In this section:

**Member Experience**
- Claims Processing
- Customer Service
- Rating of Health Plan
- Rating of Drug Plan

**Care Experience**
- Care Coordination
- How Well Doctors Communicate
- Getting Needed Care
- Getting Care Quickly
- Getting Needed Prescription Drugs
- Rating of Personal Doctor & Specialist
- Rating of Health Care Quality
- Rating of All Health Care
- Annual Flu Vaccine
Member Experience

Customer Service
Commercial HMO

Percentage of surveyed members satisfied with customer service.

Customer Service
Medicare HMO

Percentage of surveyed members satisfied with customer service.
**Member Experience**

**Claims Processing**

**Commercial HMO**

Percentage of surveyed members who were satisfied with how their claims were handled.

![Claims Processing Chart](chart)

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<th>KPWA Rates</th>
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**Getting Needed Prescription Drugs**

**Medicare HMO**

Percentage of surveyed members satisfied with getting needed prescription drugs.

![Getting Needed Prescription Drugs Chart](chart)

<table>
<thead>
<tr>
<th>Year</th>
<th>National Average</th>
<th>KPWA Rates</th>
</tr>
</thead>
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<tr>
<td>2015</td>
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<td>2017</td>
<td>93.3</td>
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</table>
Rating of Drug Plan
Medicare HMO

Percentage of surveyed members who gave drug plan services a high rating.
How Well Doctors Communicate
Commercial HMO

Percentage of surveyed members who gave plan’s doctors a high rating in communications skills.

Care Coordination
Medicare HMO

Percentage of surveyed members who gave plan’s doctors a high rating in care coordination.
Getting Needed Care
Commercial HMO

Percentage of surveyed members who said it was easy to get appointments, preventive care, tests, and treatment.

Getting Needed Care
Medicare HMO

Percentage of surveyed members who said it was easy to get appointments, preventive care, tests, and treatment.
Getting Care Quickly
Commercial HMO

Percentage of surveyed members who said it was easy to get appointments, preventive care, tests, and treatment promptly.

Getting Care Quickly
Medicare HMO

Percentage of surveyed members who said it was easy to get appointments, preventive care, tests, and treatment promptly.
Care Experience

Rating of Personal Doctor
Commercial HMO

Percentage of surveyed members who gave their personal physician a high overall rating.

Rating of Personal Doctor
Medicare HMO

Percentage of surveyed members who gave their personal physician a high overall rating.
% of surveyed members who gave plan’s specialists a high overall rating.

Percentage of surveyed members who gave plan’s specialists a high overall rating.
Rating of Health Plan
Commercial HMO

Percentage of surveyed members who gave the overall level of plan services a high rating.

Rating of Health Plan
Medicare HMO

Percentage of surveyed members who gave the overall level of plan services a high rating.
Rating of Health Care Quality
Commercial HMO

Percentage of surveyed members who gave the health care they received a high overall rating.

Rating of Health Care Quality
Medicare HMO

Percentage of surveyed members who gave the health care they received a high overall rating.
Percentage of surveyed members who received their annual flu vaccine.
Welcoming New Members & Improving Member Experience

All new members receive a welcome call from specially trained staff (this phone call can be opted out of). This is just one function of our Consumer Experience team - they also help members to understand their benefits, costs, and how to access care. Other immediate new member needs include the transition of care, transferring medications, signing up for a personal physician, appointment scheduling and more.

Consumer Experience analysts focus on improving the member experience by looking at what drives appeals and grievances, ways to enhance member visits, and opportunities to improve member retention. Health plan leaders in Member Services, Claims, Pre Service, and Appeals & Grievances then meet on a monthly basis to review all complaints, assessing trends and improvement opportunities. Their goal is to reduce member effort and increase member satisfaction.
Accolades

Leading Washington in Quality Care

For the 11th year in a row, the Washington Permanente Medical Group had more “above average” ratings than any other medical group in the Washington Health Alliance Community Checkup report in 2016.

Top-Rated Plan in the Nation

The 2016 eValue8TM survey conducted by the National Alliance of Healthcare Purchaser Coalitions rated Kaiser Permanente’s HMO plan in Washington as the top commercial plan in the country, setting national benchmarks for “Helping members get and stay healthy” and “Helping members manage chronic conditions.”

Ranked Highest in Customer Loyalty

For the seventh consecutive year, Kaiser Permanente ranked highest in customer loyalty among health insurance providers based on the 2017 Satmetrix® Consumer Net Promoter Score® Benchmark Study. Our score was more than double the industry average.

Doctors Recognized by Peers as Among the Best

In the past seven years, more than 250 physicians with the Washington Permanente Medical Group have been named “Top Docs” in area magazines – including Seattle magazine, Seattle Met, and Spokane/Coeur d’Alene Living – after being nominated by their peers.

Reining in the High Costs of Specialty Drugs

In less than four years, Kaiser Permanente Specialty Pharmacy in Washington has grown from providing support to 300 plan members to helping nearly 4,000. By managing their care and high-cost medications internally rather than having members use external vendors, our program saved $12+ million a year resulting in better patient outcomes, including 99% medication adherence.