



Kaiser Permanente Washington 2018 HEDIS® and CAHPS® Report for Members



2018 - 2019

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Introduction

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 Kaiser Permanente Washington (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) survey 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 over 90 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, NCQA, and Veterans Health Administration. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Why do HEDIS® and CAHPS® matter?

Our HEDIS and CAHPS performance is linked to a number of other objective health care evaluations, which are used by major national and regional quality programs like the ones detailed below:

The NCQA Health Plan 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 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, network management, population health management, and HEDIS and 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.

Please see Accolades on page 73 for more.

Introduction




How do I read this report?

The 2018 measures shown in this report reflect KPWA's performance for the 2017 calendar year in its Commercial HMO and Medicare HMO products. 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 (Preventive Care, Treatment, and Experience) and are accompanied by health statistics and narratives provided by NCQA. When viewing the graphs, pay attention to the distinctions between our Commercial HMO and Medicare HMO rates and to how our current year performance measures up to national benchmarks. Benchmarks for Commercial HMO HEDIS and CAHPS and Medicare HMO HEDIS are based on NCQA's 2018 National All Lines of Business Average or 90th percentile, and benchmarks for Medicare HMO CAHPS is based on the 2019 Medicare Star Rating System. Please note that some benchmarks are unavailable due to reasons including the quality measures being new to measurement.

Color guides like the one below will help you understand the graphs in this report:

Commercial HMO

-  National Average (HEDIS & CAHPS)
-  National 90th Percentile (HEDIS & CAHPS)
-  KPWA Rates

Medicare HMO

-  National Average (HEDIS)
Medicare 3 Star Cut-Point (CAHPS)
-  National 90th Percentile (HEDIS)
Medicare 5 Star Cut-Point (CAHPS)
-  KPWA Rates

Summary of Results

Preventive Care	Commercial HMO Rate	National Average	Comparison to Average	Medicare HMO Rate	National Average	Comparison to Average
Childhood Immunization Status - Combo 10	62.0%	50.6%	▲	N/A	N/A	N/A
Immunizations for Adolescents - Combo 1	80.3%	76.2%	▲	N/A	N/A	N/A
Children and Adolescents' Access To PCP	89.9%	92.0%	▼	N/A	N/A	N/A
Colorectal Cancer Screening	78.1%	61.1%	▲	82.0%	70.0%	▲
Breast Cancer Screening	77.1%	71.4%	▲	83.1%	72.5%	▲
Cervical Cancer Screening	76.3%	73.8%	▲	N/A	N/A	N/A
Timeliness of Prenatal Care	93.1%	80.6%	▲	N/A	N/A	N/A
Postpartum Care	83.9%	71.0%	▲	N/A	N/A	N/A
Treatment	Commercial HMO Rate	National Average	Comparison to Average	Medicare HMO Rate	National Average	Comparison to Average
Appropriate Testing for Children With Pharyngitis	86.1%	86.2%	▼	N/A	N/A	N/A
Appropriate Treatment for Children With Upper Respiratory Infection	95.3%	88.3%	▲	N/A	N/A	N/A
Well-Child Visits in the first 15 Months of Life	75.4%	78.3%	▼	N/A	N/A	N/A
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	74.5%	75.9%	▼	N/A	N/A	N/A
Adolescent Well-Care Visits	38.6%	46.8%	▼	N/A	N/A	N/A
Asthma Medication Ratio	76.1%	79.1%	▼	N/A	N/A	N/A
Diabetic Care: HbA1c Testing	93.2%	90.5%	▲	97.1%	93.7%	▲
Diabetic Care: Poor HbA1c Control (lower rate is better)	23.2%	36.4%	▲	11.9%	24.7%	▲
Diabetic Care: Medical Attention for Nephropathy	93.6%	89.3%	▲	84.2%	71.8%	▲
Diabetic Care: Eye Exams	76.0%	51.9%	▲	84.2%	71.8%	▲
Diabetic Care: Blood Pressure Control	80.4%	56.1%	▲	79.9%	66.6%	▲
Diabetic Care: Statin Therapy Received	70.5%	60.8%	▲	78.3%	71.7%	▲
Heart Care: Controlling High Blood Pressure	79.0%	58.5%	▲	86.0%	71.1%	▲
Heart Care: Statin Therapy Received	82.9%	80.7%	▲	85.1%	79.0%	▲
Antidepressant Medication Management - Acute	72.8%	68.0%	▲	80.3%	70.9%	▲
Antidepressant Medication Management - Continuation	55.0%	52.4%	▲	67.5%	56.1%	▲
Follow Up After Hospitalization For Mental Illness - 7 days	66.1%	46.4%	▲	50.2%	32.3%	▲
Follow Up After Hospitalization For Mental Illness - 30 days	81.7%	68.4%	▲	73.7%	53.1%	▲
Plan All-Cause Readmissions (lower rate is better)	0.58	0.72	▲	0.58	0.78	▲
Osteoporosis Management	N/A	N/A	N/A	70.7%	44.9%	▲
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	91.9%	88.3%	▲	86.5%	77.7%	▲
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	47.9%	30.8%	▲	N/A	N/A	N/A
Use of Imaging Studies for Low Back Pain	84.3%	75.9%	▲	N/A	N/A	N/A
Medication Reconciliation Post-Discharge	N/A	N/A	N/A	77.6%	52.7%	▲
Experience	Commercial HMO Rate	National Average	Comparison to Average	Medicare HMO Rate	National Average	Comparison to Average
Customer Service Composite	86.5%	88.5%	▼	94.7%	89.0%	▲
Rating of Health Plan	31.8%	38.4%	▼	63.6%	84.0%	▼
Claims Processing Composite	83.1%	89.0%	▼	N/A	N/A	N/A
Rating of Drug Plan	N/A	N/A	N/A	67.4%	83.0%	▼
How Well Doctors Communicate Composite	93.1%	95.3%	▼	96.4%	N/A	N/A
Care Coordination Composite	77.8%	N/A	N/A	91.4%	85.0%	▲
Getting Needed Care Composite	80.5%	86.7%	▼	89.3%	82.0%	▲
Getting Care Quickly Composite	80.4%	85.3%	▼	88.2%	77.0%	▲
Rating of Personal Doctor	57.5%	67.1%	▼	78.2%	N/A	N/A
Rating of Specialist Seen Most Often	67.0%	66.5%	▲	77.4%	N/A	N/A
Rating of All Health Care	43.0%	50.7%	▼	64.3%	85.0%	▼
Annual Flu Vaccine	N/A	N/A	N/A	83.7%	74.5%	▲
Getting Needed Prescription Drugs Composite	N/A	N/A	N/A	96.8%	89.0%	▲



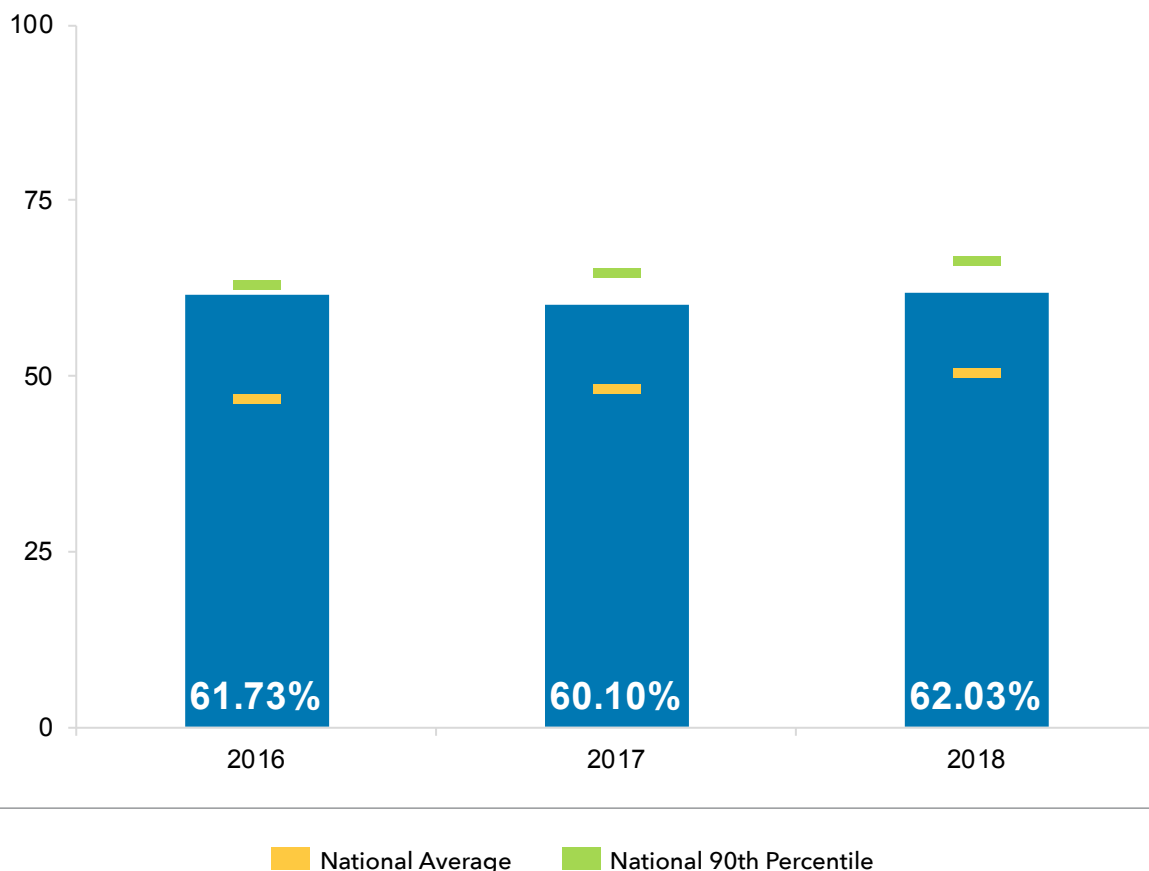
Preventive Care

From youth until old age, every one of our members can benefit from periodic check-ups, timely immunizations, and regular screening tests to help prevent or manage diseases to support a healthy, happy life. In this section, learn about how KPWA performed on the following quality of preventive care measures:

- Childhood Immunization Status (Combination 10)
- Immunizations for Adolescents (Combination 1)
- Children and Adolescents' Access to Primary Care Providers
- 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?

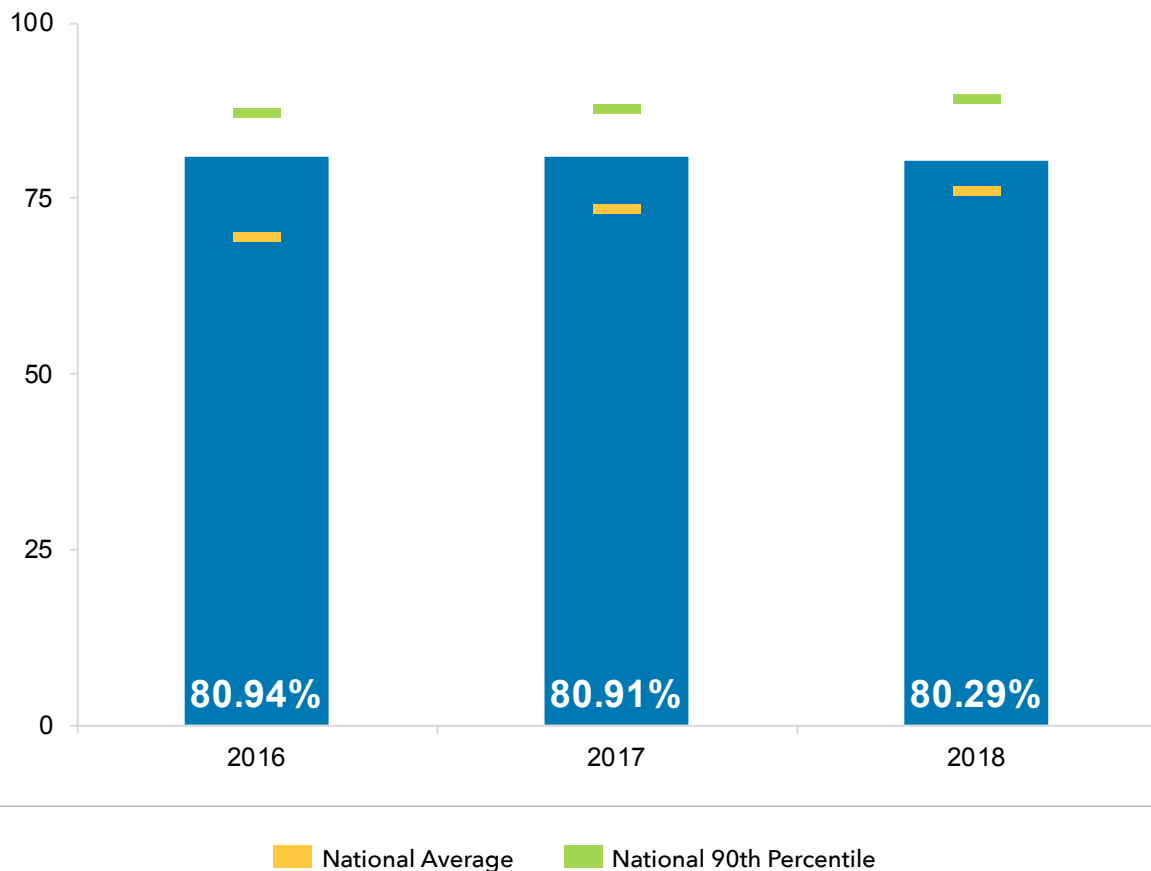
The percentage of children 2 years of age who had a four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

Why is it important?

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.^{1 2} Approximately 300 children in the United States die each year from vaccine preventable diseases.³ Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.⁴

Immunizations for Adolescents (Combination 1)

Commercial HMO



What is being measured?

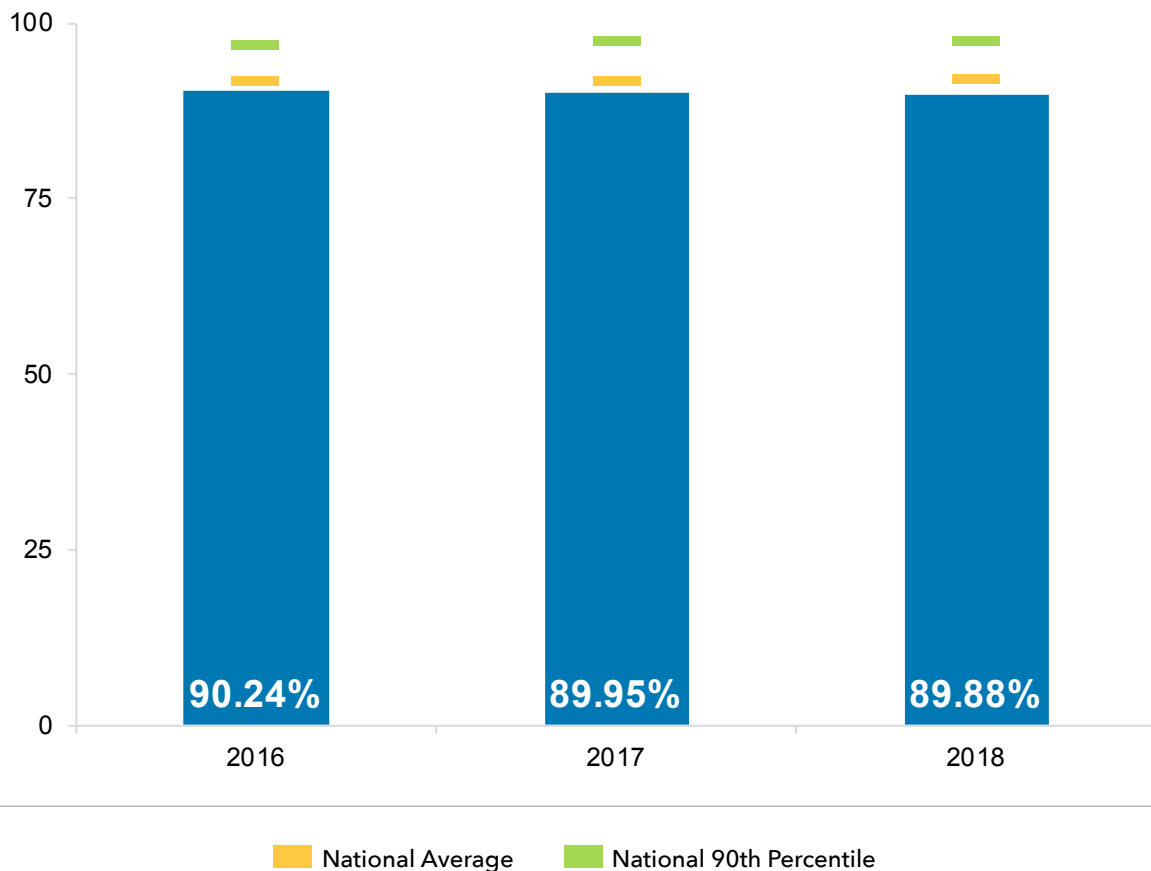
The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine and one tetanus diphtheria toxoids and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Why is it important?

Vaccines are a safe and effective way to protect adolescent against potentially deadly diseases.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 diseases, heart problems, nerve damage, pneumonia, seizures, cancer- and even death.⁶

Children and Adolescents' Access to Primary Care Providers

Commercial HMO



What is being measured?

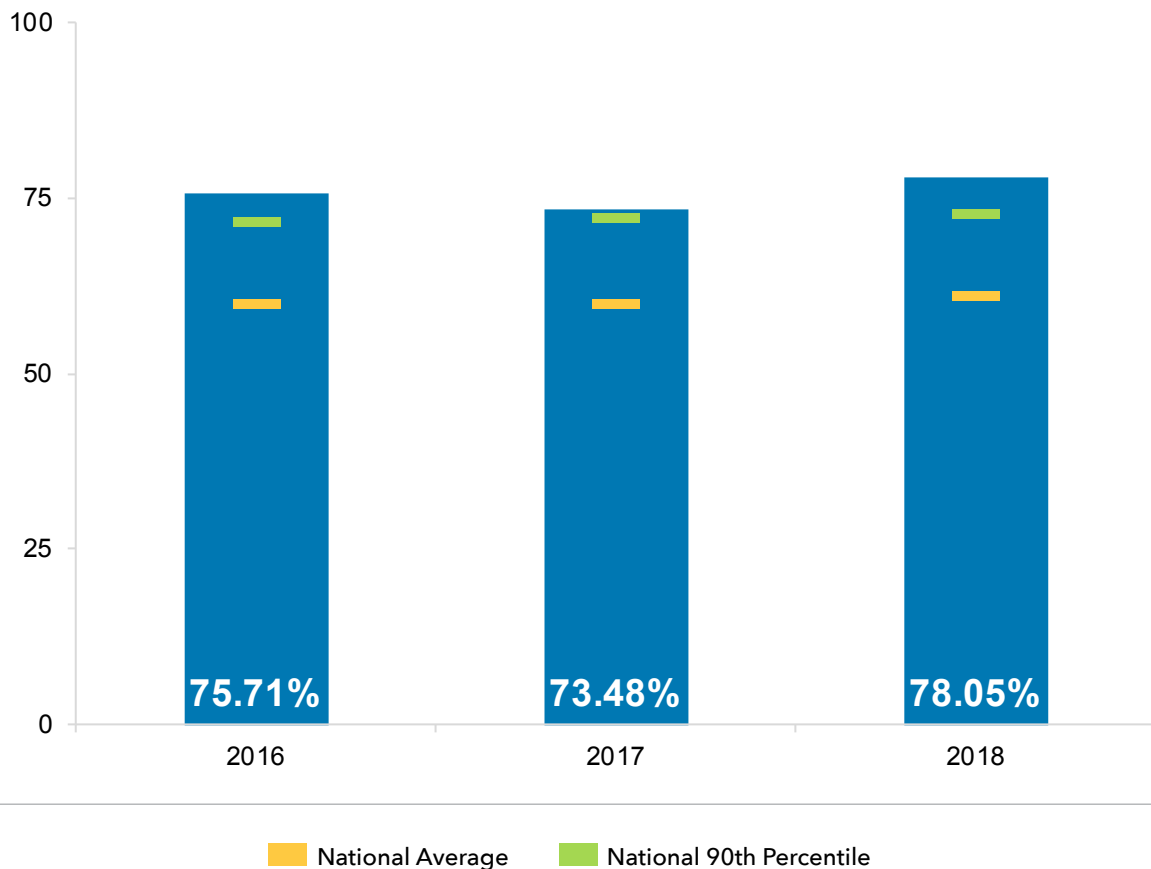
The percentage of children 7-11 years who had a visit with a Primary Care Provider (PCP) during the measure year or the year prior to the measurement year.

Why is it important?

Access to primary care is important for the health and well-being of children and adolescents. High-quality primary care services have been found to significantly reduce children's non-urgent ER visits.⁷ A consistent source of primary care can fill the need for screening, appropriate treatment and preventative services for children and adolescents.

Colorectal Cancer Screening

Commercial HMO



What is being measured?

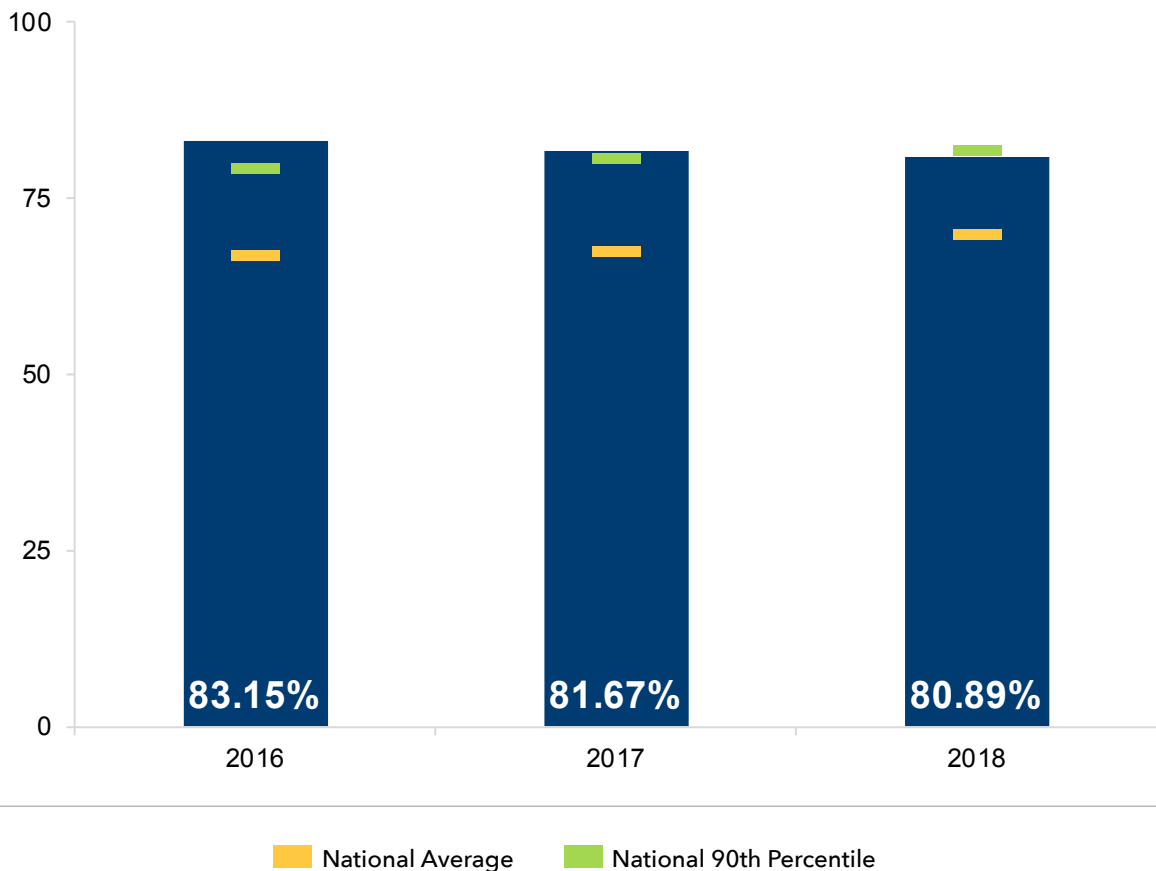
The percentage of adults 50-75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years.

Why is it important?

Treatment for colorectal cancer in its earliest stage can lead to a 90 percent survival rate after five years. However, more than a third of adults 50-75 do not get recommended screenings.⁸ Colorectal cancer screening of asymptomatic adults in that age group can catch polyps before they become cancerous or detect colorectal cancer in its early stages, when treatment is most effective.

Colorectal Cancer Screening

Medicare HMO



What is being measured?

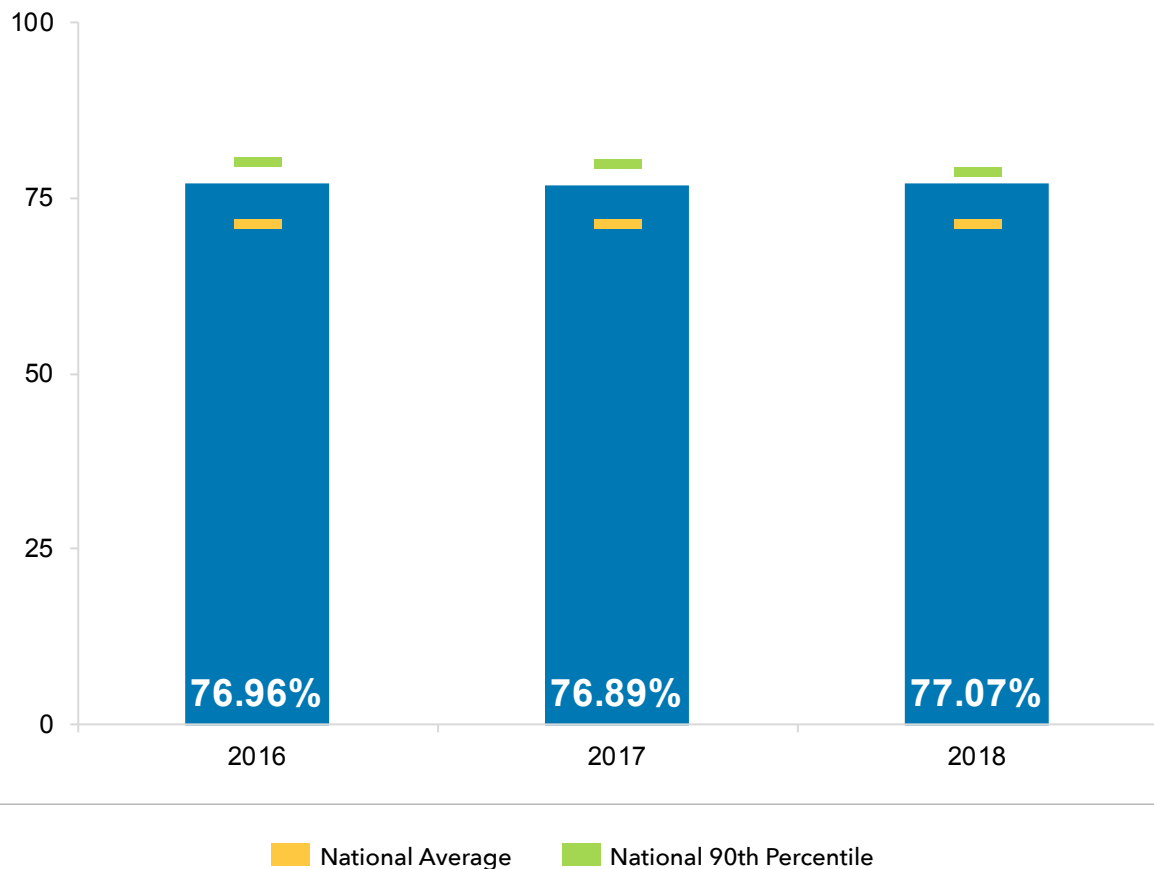
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Why is it important?

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Breast Cancer Screening

Commercial HMO



What is being measured?

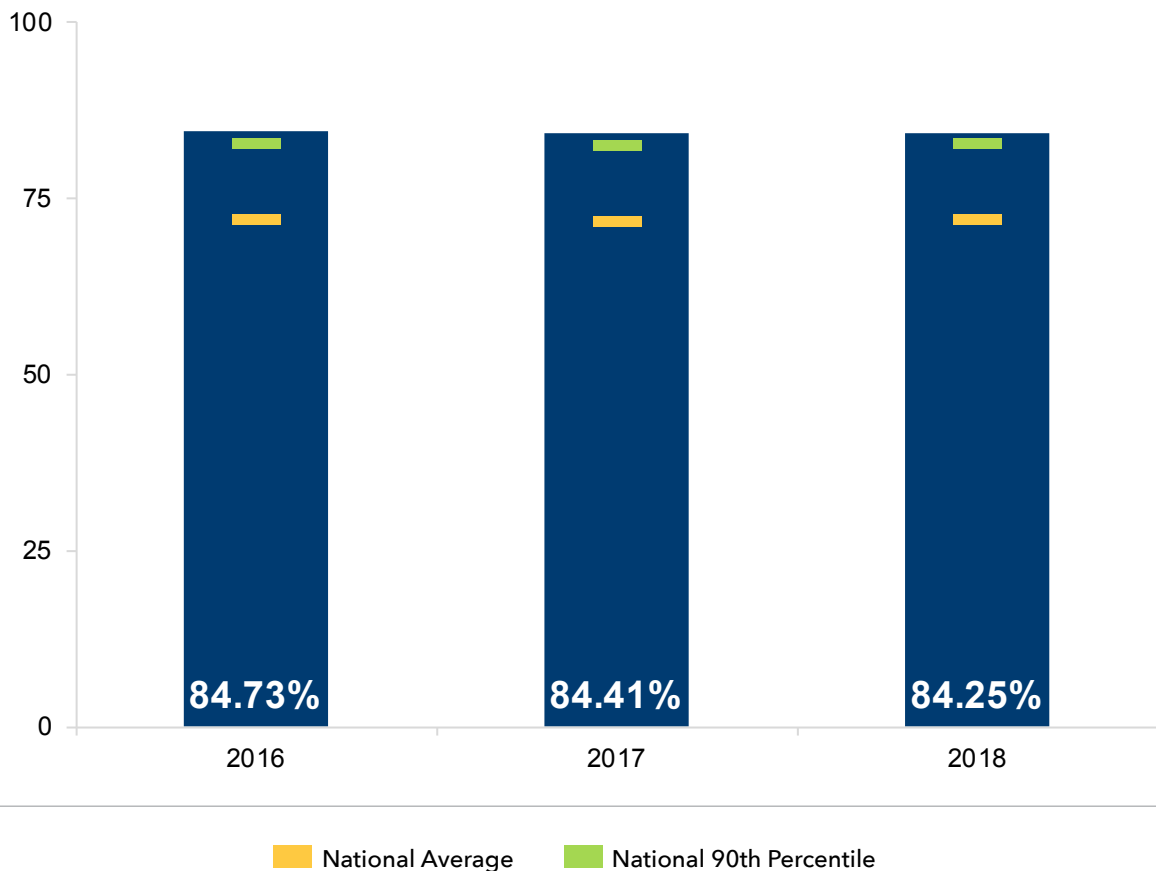
The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

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.⁹ 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.¹⁰

Breast Cancer Screening

Medicare HMO



What is being measured?

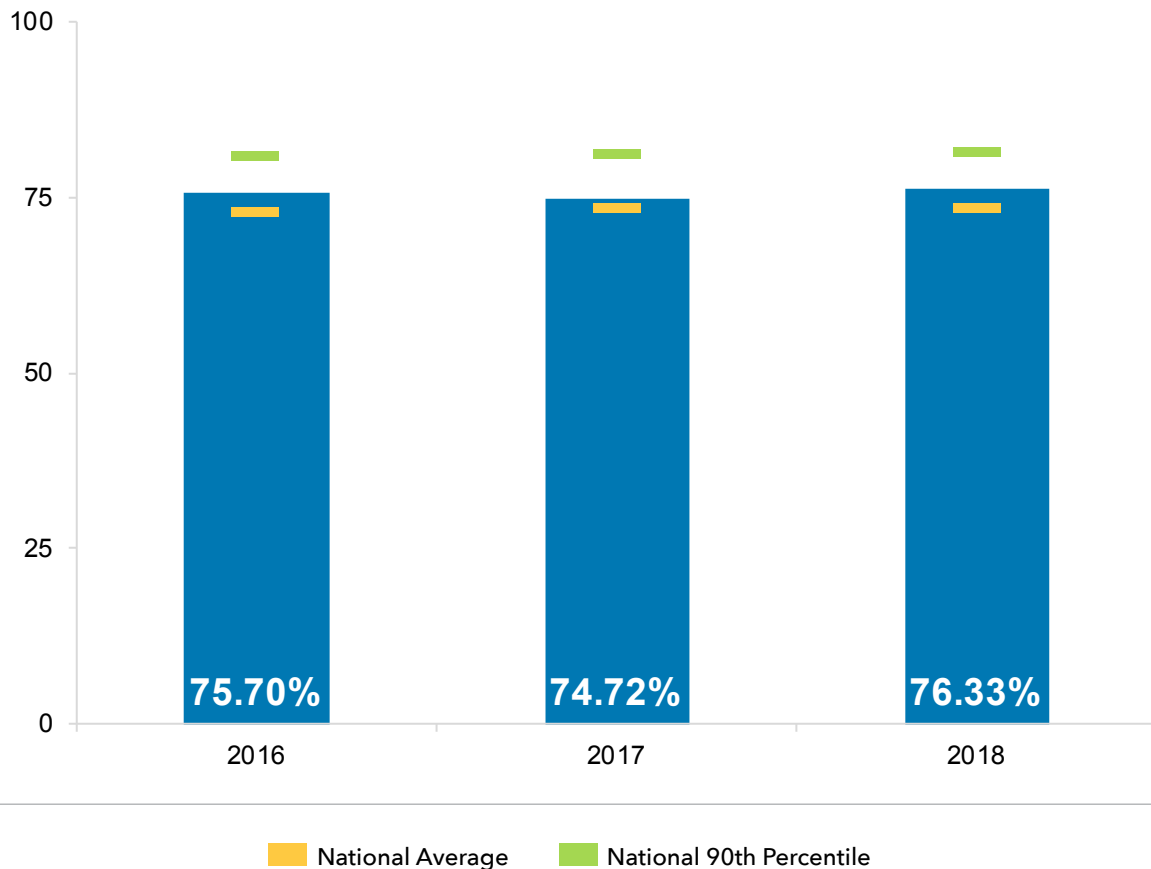
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Cervical Cancer Screening

Commercial HMO



What is being measured?

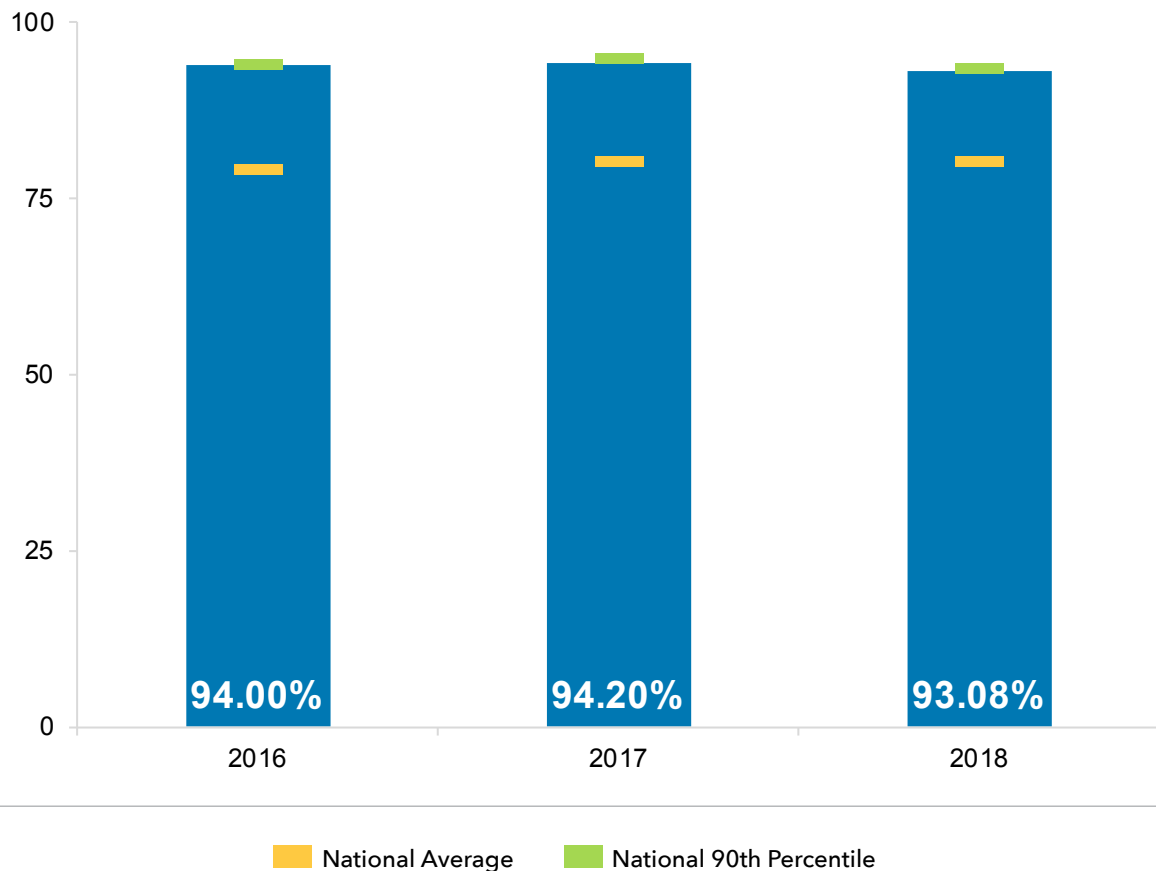
The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: Women age 21–64 who had cervical cytology (Pap test) performed every 3 years OR Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

Why is it important?

Cervical cancer is a disease in which cells in the cervix 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.¹¹ Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable.¹¹

Timeliness of Prenatal Care

Commercial HMO



What is being measured?

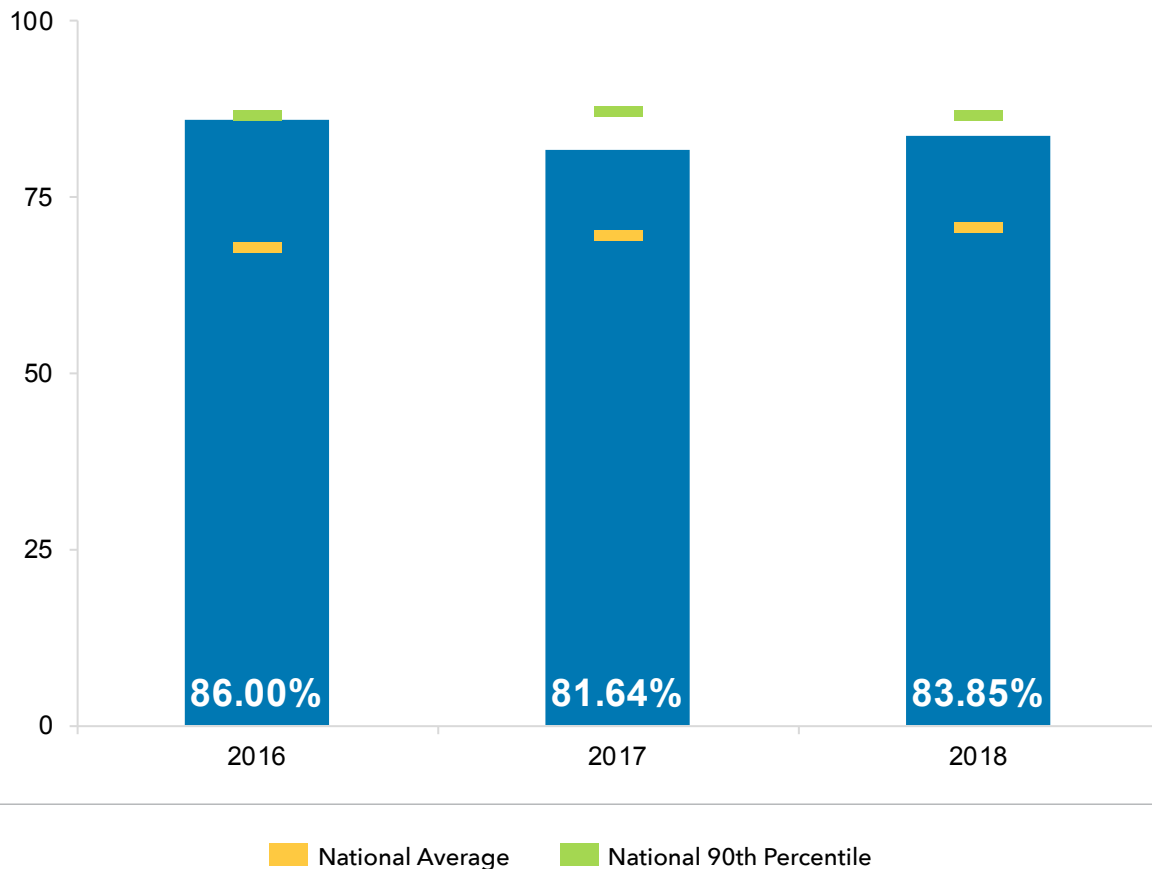
The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

Why is it important?

Although many women experience uncomplicated pregnancies, timely and adequate prenatal care can prevent poor birth outcomes.¹² 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 2-3 weeks until 36 weeks of gestation and weekly thereafter.¹³ They also recommend one post-natal visit.¹³ 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.

Postpartum Care

Commercial HMO



What is being measured?

The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Why is it important?

Although many women experience uncomplicated pregnancies, timely and adequate prenatal care can prevent poor birth outcomes.¹² 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 2-3 weeks until 36 weeks of gestation and weekly thereafter.¹³ They also recommend one post-natal visit.¹³ 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.

Our Commitment to Your Preventive Care

Here are some of the current initiatives happening at KPWA to improve preventive care:

Preventive Outreach

At KPWA, one of our goals is to help patients know when preventive care needs are due. In addition to calls and emails from clinical teams, we send letters to patients (or to parents or guardians for children) to remind them about all routine preventive care needs.

One of these mailed reminders is usually sent a few weeks before a patient's birthday (more often for young children) and is often used as a planning tool for the calendar year. Because patients may be due for more than one preventive care need in a short period of time, we alert them ahead of time so that they can plan everything in one visit. See below for a list of reminders created for a sample patient. For our adult and senior members, we send additional just-in-time reminders once every season to remind them about what is due right now.

Finally, we also use automated calls to remind patients about certain care needs, such as mammograms and diabetic retinal eye exams. In some cases, we can offer a transfer to a live scheduler to help make scheduling easier.

Wellness recommendations

Recommendations for Jane Doe

Tests completed in the last six weeks may not be reflected in this letter.

My office phone number is 555-555-5555 or you may send me a secure message through our secure member site at kp.org/wa.

Due now or due soon

- Due now: Mammogram for breast cancer screening if you are on a 1-year screening schedule (if you are on a 2-year schedule, see below). Call now to schedule your mammogram - see next page for mammography centers. Last mammogram was on 07/06/2017.

Due in 6-9 months

- Due 05/14/2019: Lab test to check long-term sugar levels (HbA1c) due every year, unless you are on a more frequent schedule. Please go directly to the lab near your due date. If you haven't seen me in the last 3 years, call my office before going to the lab. Last test was on 05/14/2018.
- Due 05/05/2019: Lab test to check for diabetic kidney disease due every year, unless you are on a more frequent schedule. Please go directly to the lab near your due date. If you haven't seen me in the last 3 years, call my office before going to the lab. Last test or visit was on 05/05/2018.

Due in 9-12 months

- Due 05/11/2019: Stool test for colorectal cancer screening due every year. To get your test kit, send me a secure message from kp.org/wa, call my office at 555-555-5555, or go to any Kaiser Permanente lab. Last stool test was on 05/11/2018.
- Due 07/06/2019: Mammogram for breast cancer screening if you are on a 2-year screening schedule. Call before your due date to schedule your mammogram - see next page for mammography centers. Last mammogram was on 07/06/2017.

Due in one year or more

- Due 06/28/2020: Digital photo of your eyes to check for diabetic eye disease due every 2 years (or every year if you have a history of diabetic eye disease). Schedule before your due date by calling Eye Care Services at 1-800-694-6225. Last test was on 06/28/2018.
- Due 08/11/2021: Pap test for cervical cancer screening due every 3 years or Pap test plus HPV test every 5 years. To schedule an appointment, go to your secure member site at kp.org/wa or call my office at 555-555-5555. If you are on a special schedule, please follow that schedule. Last screening was 08/11/2018.

These reminders are based on general recommendations. If you are on a special schedule, please follow that schedule.

KP0007079-08-11-0

AKOMA
kp.org/wa

Our Commitment to Your Preventive Care

Patient Health Profile

KPWA helps patients get a jump on better health with a wellness service that provides a guide to discuss any health concerns and overall care with their doctor. The Health Profile is an online questionnaire that asks about medical history and lifestyle routines. When a patient completes the questionnaire, they get an instant online report with health status, risk for certain diseases, and suggestions for improving health. When patients update their profile – every year, or as often as they would like – they also see a comparison to what's changed since the last profile was completed.

Patients can print out the Patient Summary Report and bring it to share with their provider at a next visit as a guide to discuss any health concerns and overall care with their doctor. Information from the Health Profile is part of patient's Kaiser Permanente medical record and can help patients and their care teams in making care decisions.

To access a Health Profile, patients need to register for secure online services. Once signed in, there will be a link on the KPWA home page.

For questions or help, patients can call Member Services at 1-888-901-4636 during business hours.

▼ Current medical conditions				
	SEE DETAILS	POOR CONTROL	FAIR CONTROL	GOOD CONTROL
▶ Depression Screening				
▼ Future disease risk				
	SEE DETAILS	STRONG RISK	MODERATE RISK	LOW RISK
▶ Breast Cancer Risk				
▶ Cardiovascular Disease				
▶ Skin cancer risk				
▶ Lung Cancer Risk				
▶ Diabetes Risk				
▼ Lifestyle				
	SEE DETAILS	CHANGE NEEDED	CONSIDER CHANGES	HEALTHY
▶ Risky Alcohol Use				
▶ Body mass index (BMI)				
▶ Nutrition				
▶ Physical Activity				
▶ Tobacco Use				
▶ Stress				
▶ Sexual Health				
▶ Birth Control				
▼ Health status				
	SEE DETAILS	HIGH RISK	MODERATE RISK	LOW RISK
▶ Self-Perceived Health				
▶ Sick Days				
▶ Prescription Medications				



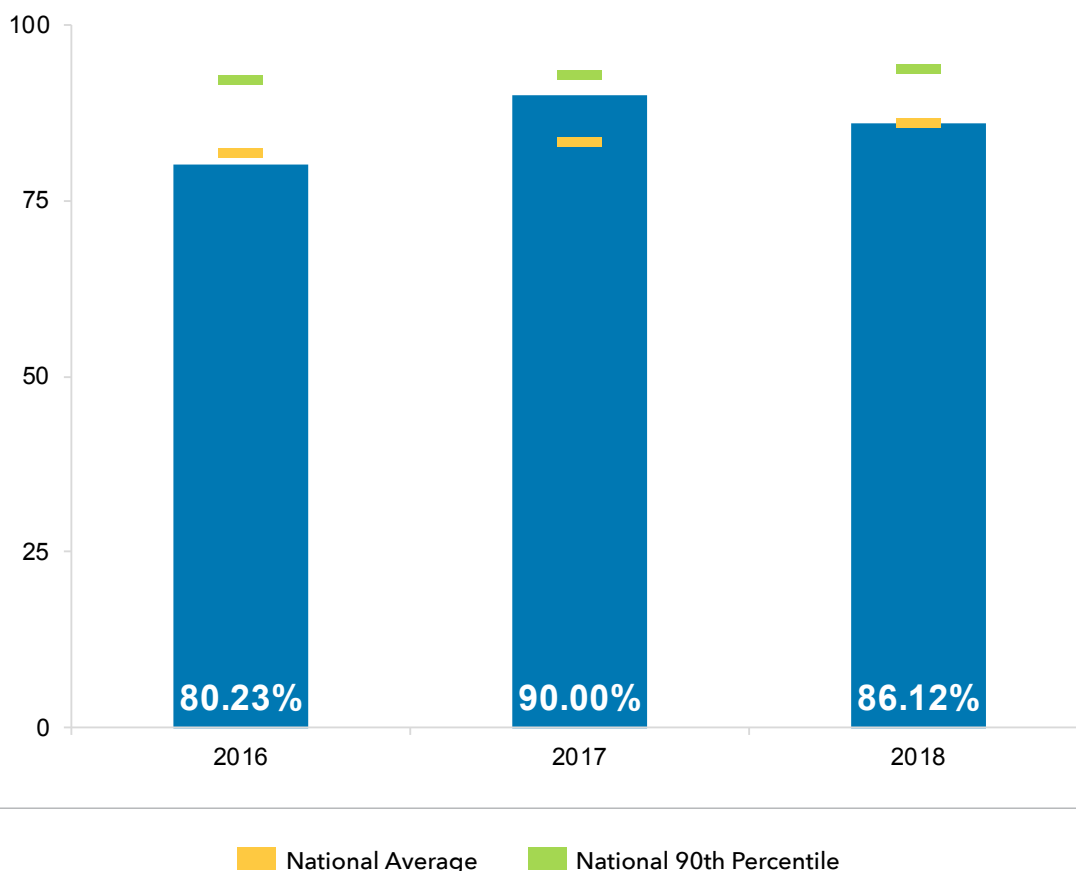
Treatment

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, learn about how we performed on the following quality of treatment measures:

- Appropriate Testing for Children
- Well-Child Visits
- Adolescent Well-Care Visits
- Asthma Medication Ratio
- Diabetic Care
- Heart Care
- Antidepressant Medication Management
- Follow-Up After Hospitalization for Mental Illness
- Plan All-Cause Readmissions
- Osteoporosis Management in Women Who Had a Fracture
- Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Use of Imaging Studies for Low Back Pain
- Medication Reconciliation Post-Discharge

Appropriate Testing for Children with Pharyngitis

Commercial HMO



What is being measured?

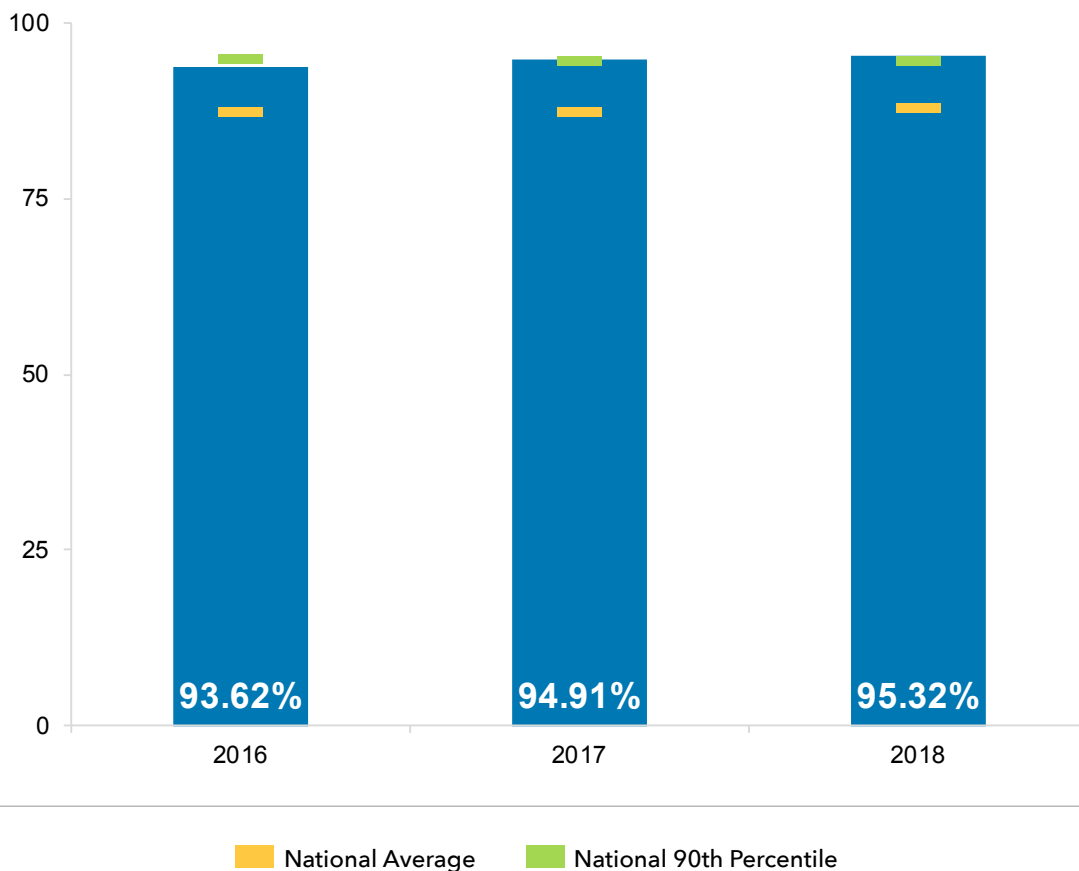
The percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

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.¹ Viral pharyngitis does not require antibiotic treatment. However, antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis would prevent the spread of sickness. It would also reduce the unnecessary use of antibiotics.² Inappropriate treatments with antibiotics can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections),³ which makes it essential that children with pharyngitis have appropriate testing, diagnosis and treatment.

Appropriate Testing for Children with Upper Respiratory Infection

Commercial HMO



What is being measured?

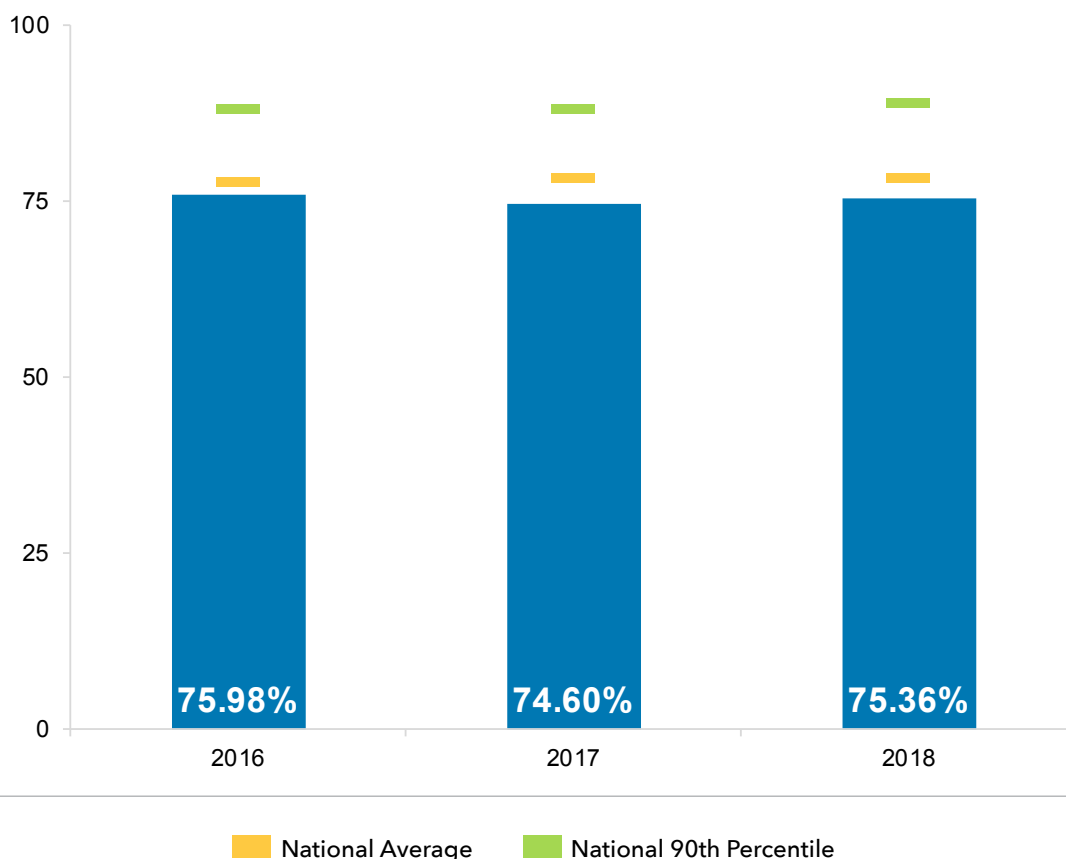
The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

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.⁴ Recent efforts to decrease unnecessary prescribing have resulted in fewer children receiving antibiotics in recent years, but inappropriate use remains a problem.⁴ Increased education and awareness of appropriate treatment for URIs can reduce the danger of antibiotic-resistant bacteria.

Well-Child Visits in the First 15 Months of Life

Commercial HMO



What is being measured?

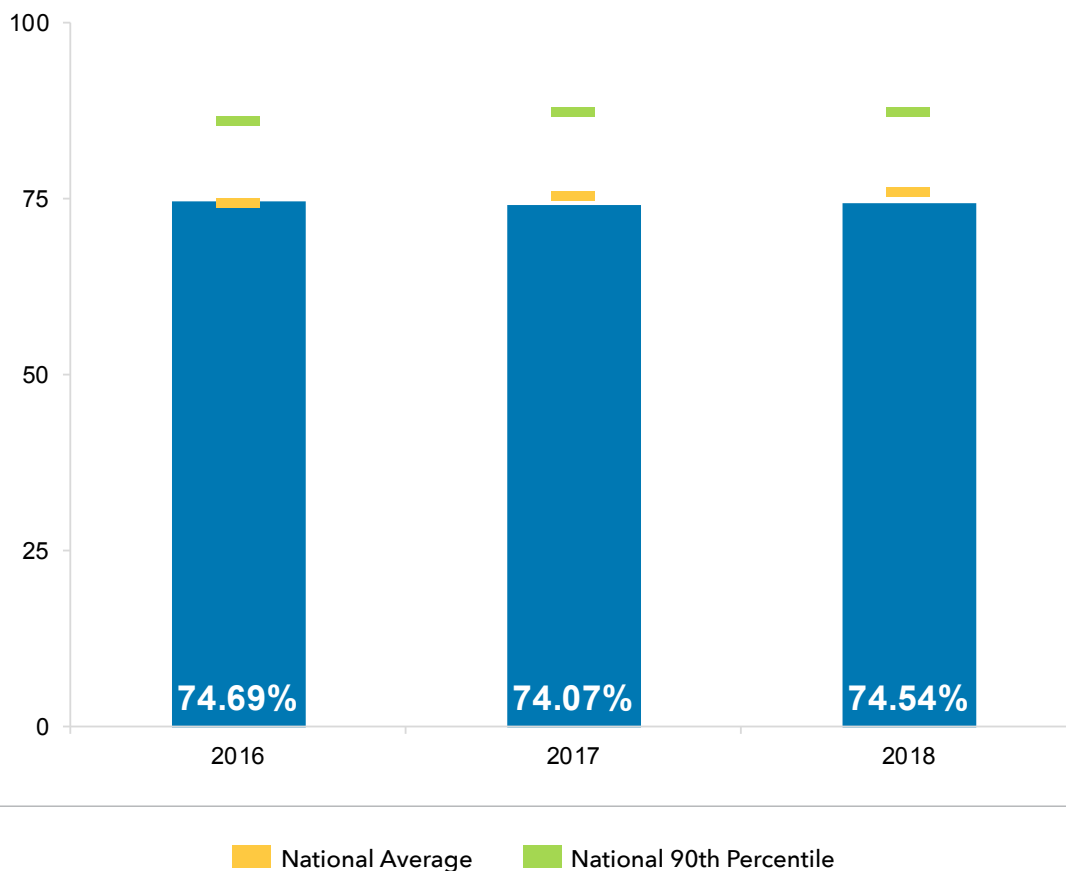
The percentage of children who turned 15 months old during the measurement year and had 6 or more well-child visits with a primary care physician during their first 15 months of life.

Why is it important?

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.⁵ Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.⁶ Well-care visits provide an opportunity for providers to influence health and development. They are a critical opportunity for screening and counseling.

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

Commercial HMO



What is being measured?

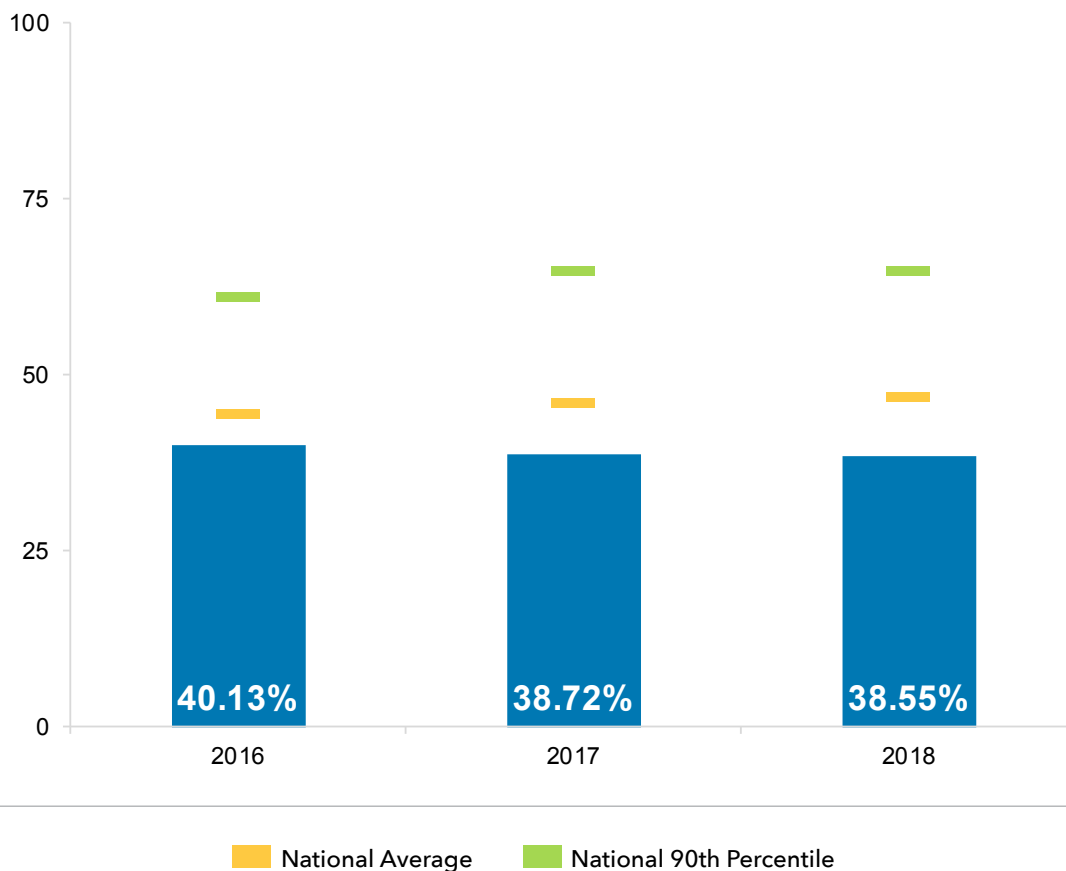
The percentage of children 3-6 years of age who received one or more well-child visits with a primary care practitioner during the measurement year.

Why is it important?

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.⁵ Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.⁶ Well-care visits provide an opportunity for providers to influence health and development. They are a critical opportunity for screening and counseling.

Adolescent Well-Care Visits

Commercial HMO



What is being measured?

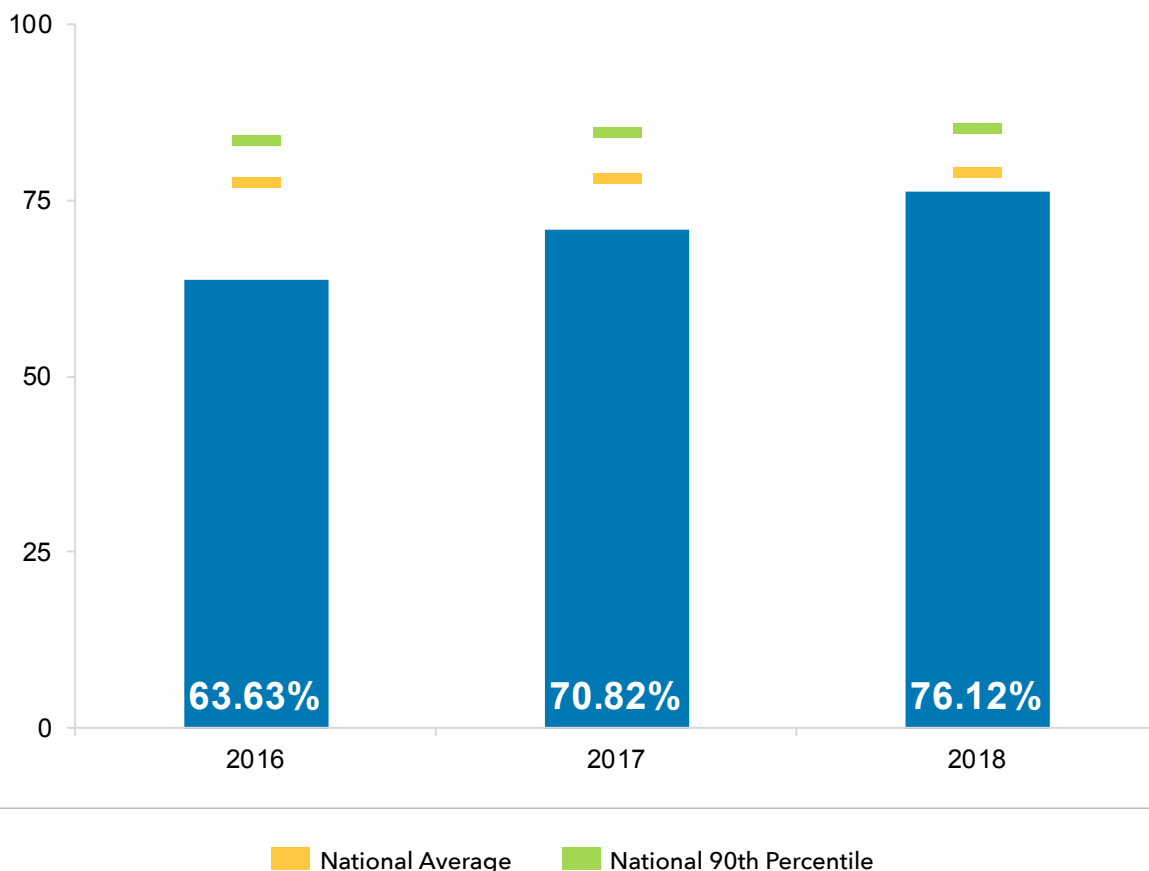
The percentage of adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Why is it important?

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.⁵ Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.⁶ Well-care visits provide an opportunity for providers to influence health and development. They are a critical opportunity for screening and counseling.

Asthma Medication Ratio

Commercial HMO



What is being measured?

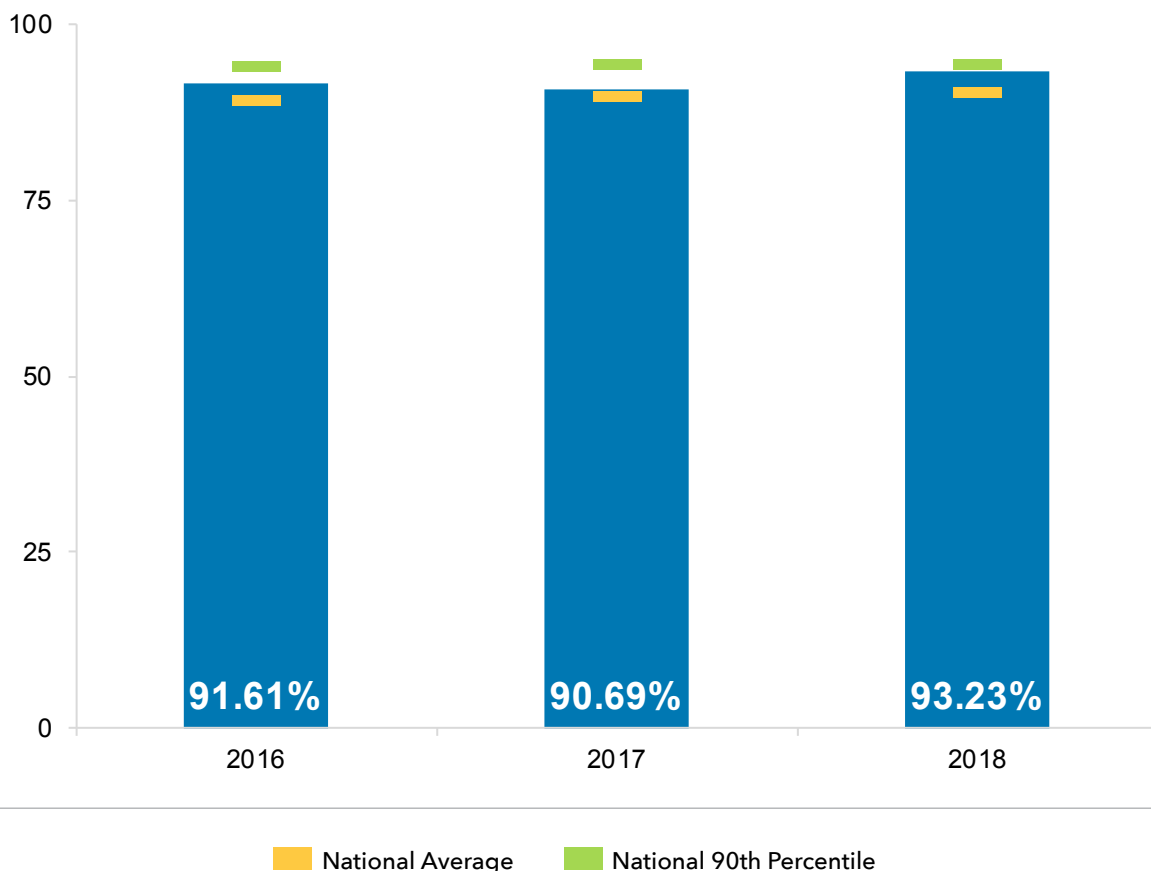
The percentage of adults and children 5-85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

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.⁷ 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.

Diabetic Care: HbA1c Testing

Commercial HMO



What is being measured?

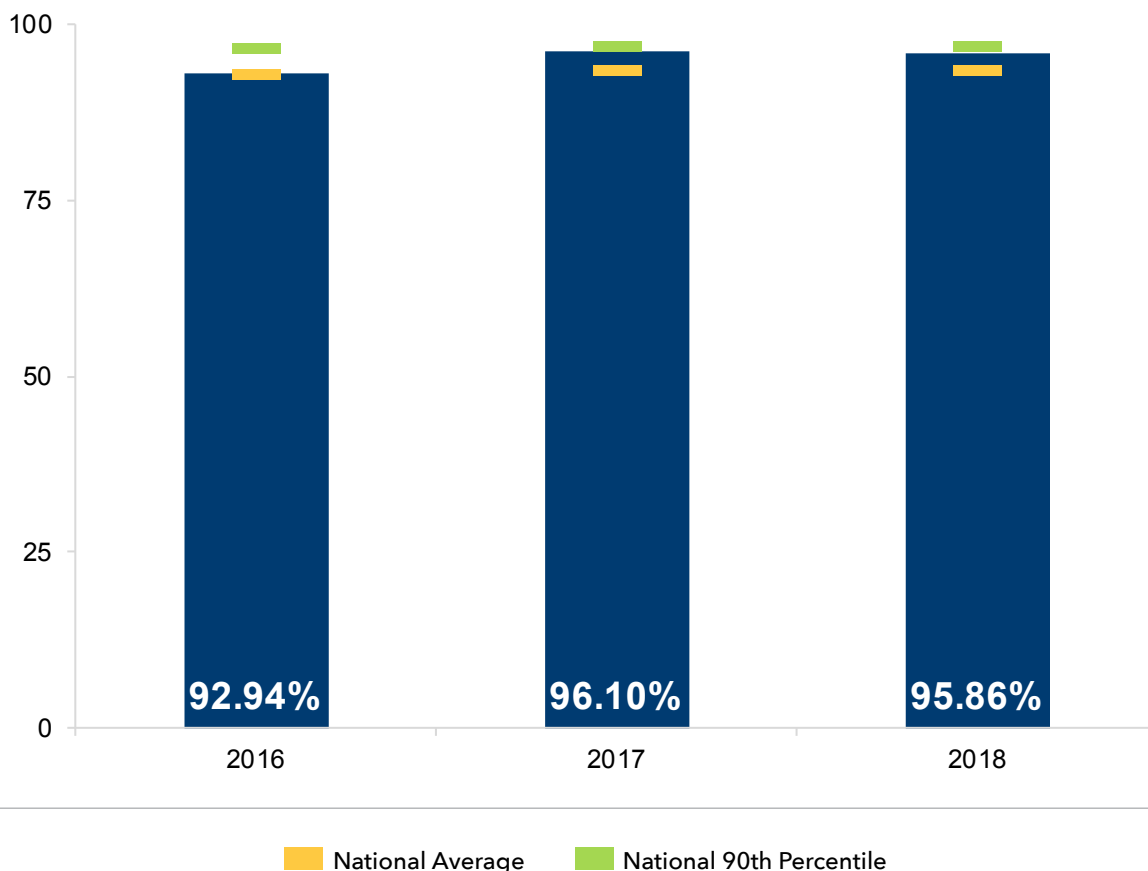
The percentage of adults 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test during the measurement year as identified by administrative data or medical record review.

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death.⁸ Proper diabetes management, which includes the regular tracking of blood sugar control, helps reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.⁸

Diabetic Care: HbA1c Testing

Medicare HMO



What is being measured?

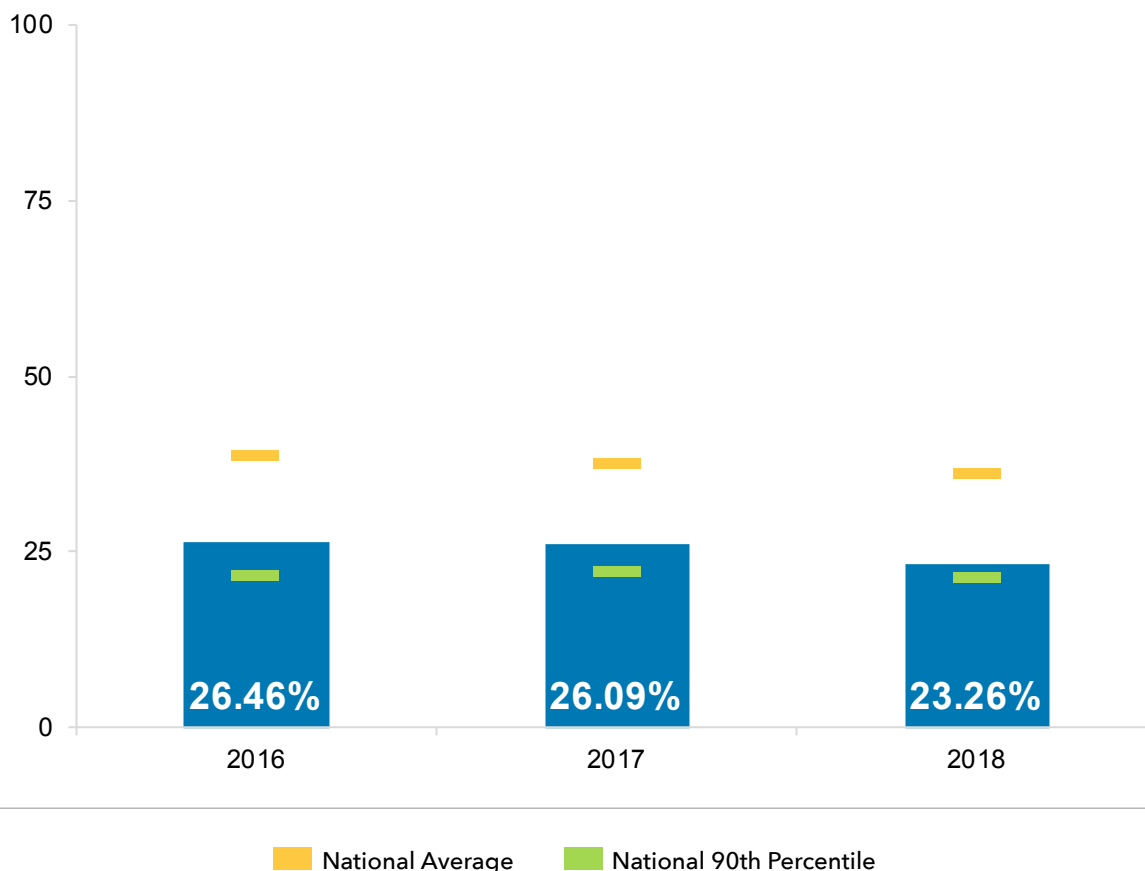
The percentage of adults 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test during the measurement year as identified by administrative data or medical record review.

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death.⁸ Proper diabetes management, which includes the regular tracking of blood sugar control, helps reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.⁸

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.

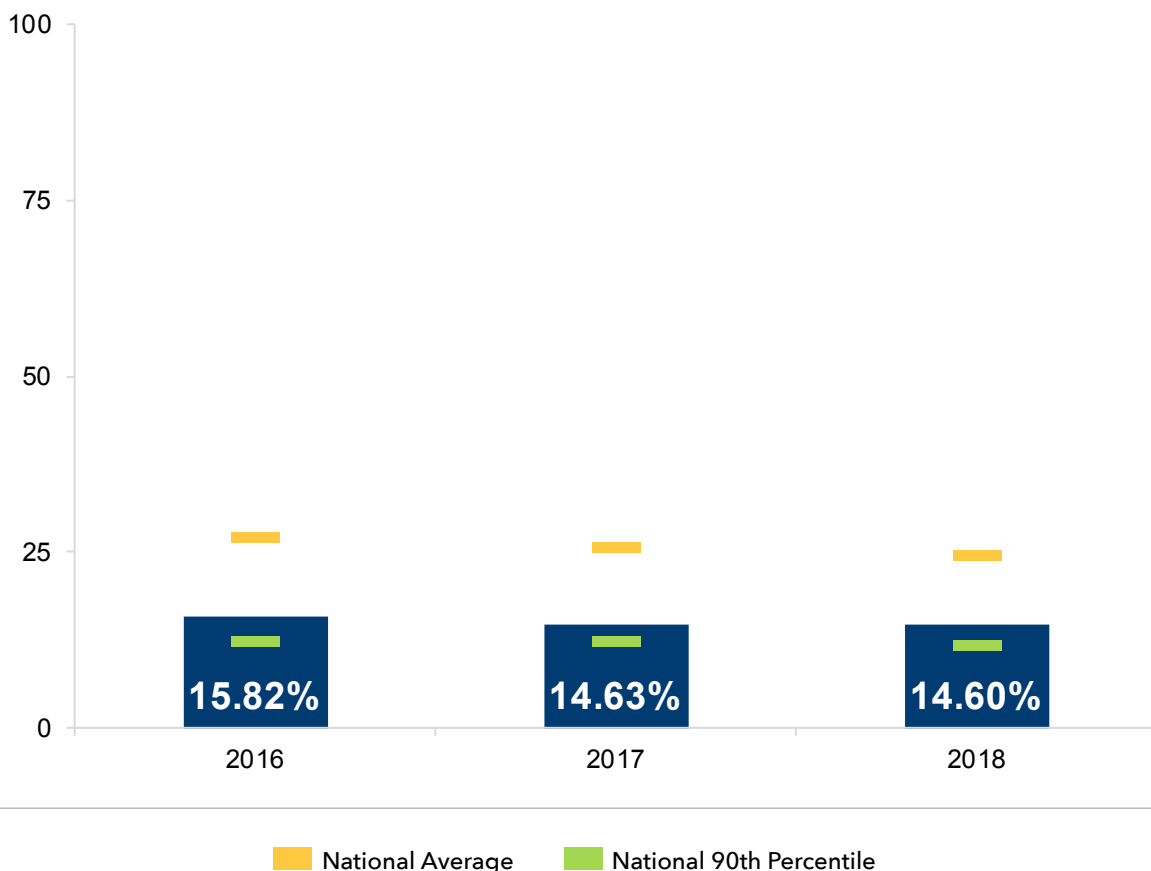
Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death.⁸ Proper diabetes management, which includes the regular tracking of blood sugar control, helps reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.⁸

*Lower rates are better for this measure.

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.

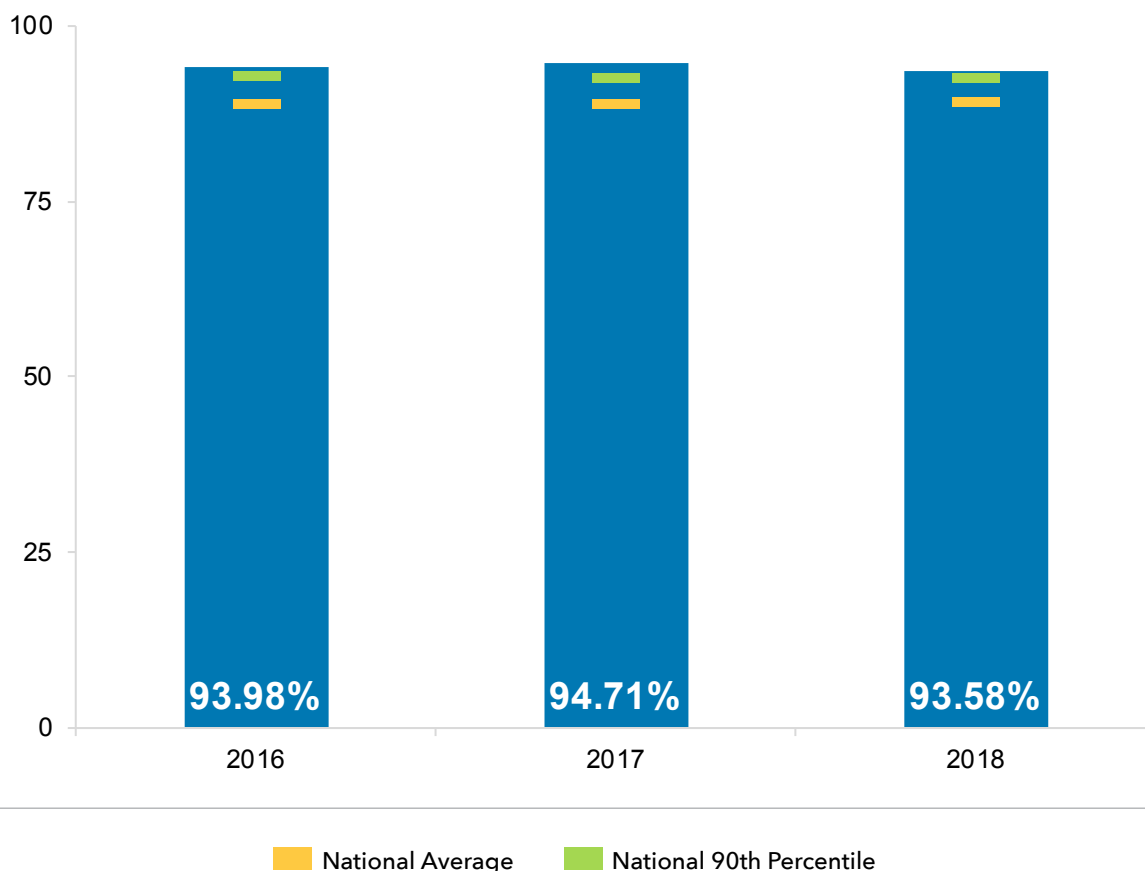
Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death.⁸ Proper diabetes management, which includes the regular tracking of blood sugar control, helps reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.⁸

*Lower rates are better for this measure.

Diabetic Care: Medical Attention for Nephropathy

Commercial HMO



What is being measured?

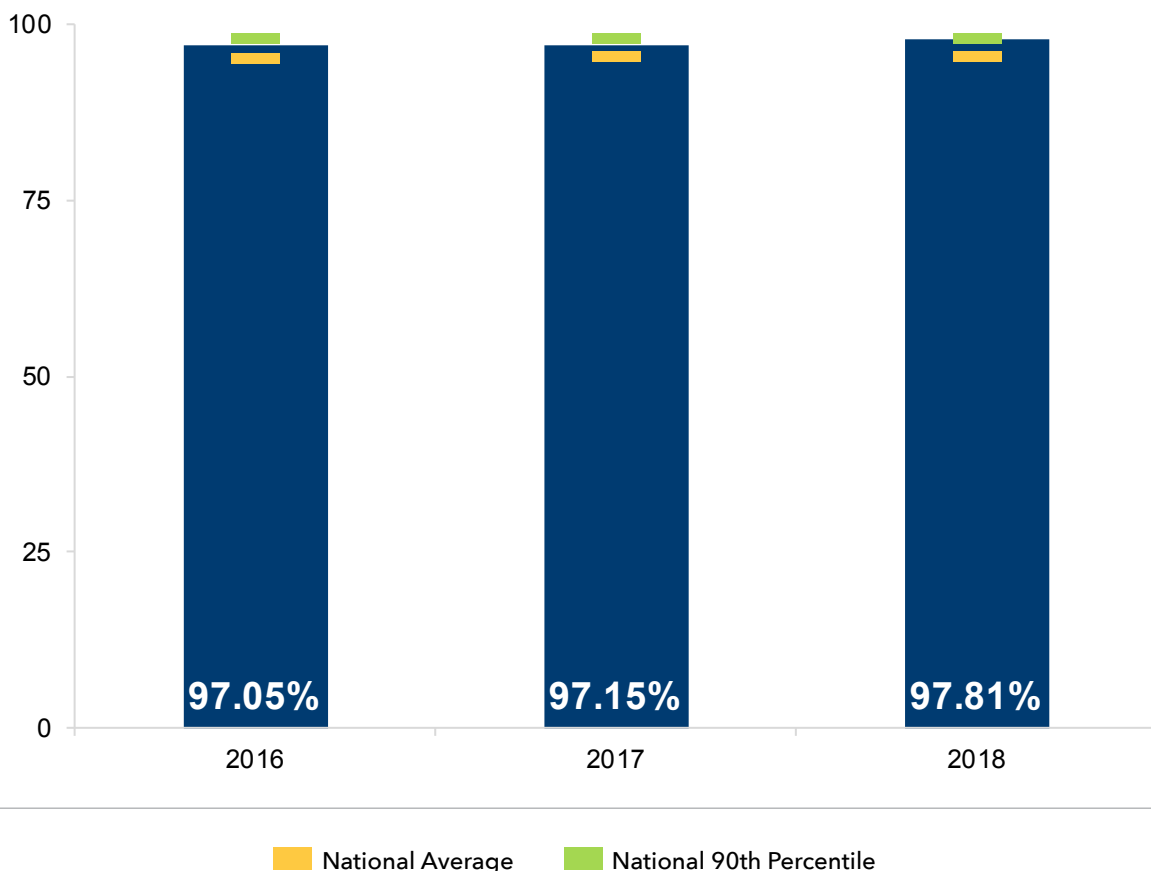
The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening or monitoring test during the measurement year or evidence of nephropathy during the measurement year, as documented through either administrative data or medical record review.

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. 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.⁹

Diabetic Care: Medical Attention for Nephropathy

Medicare HMO



What is being measured?

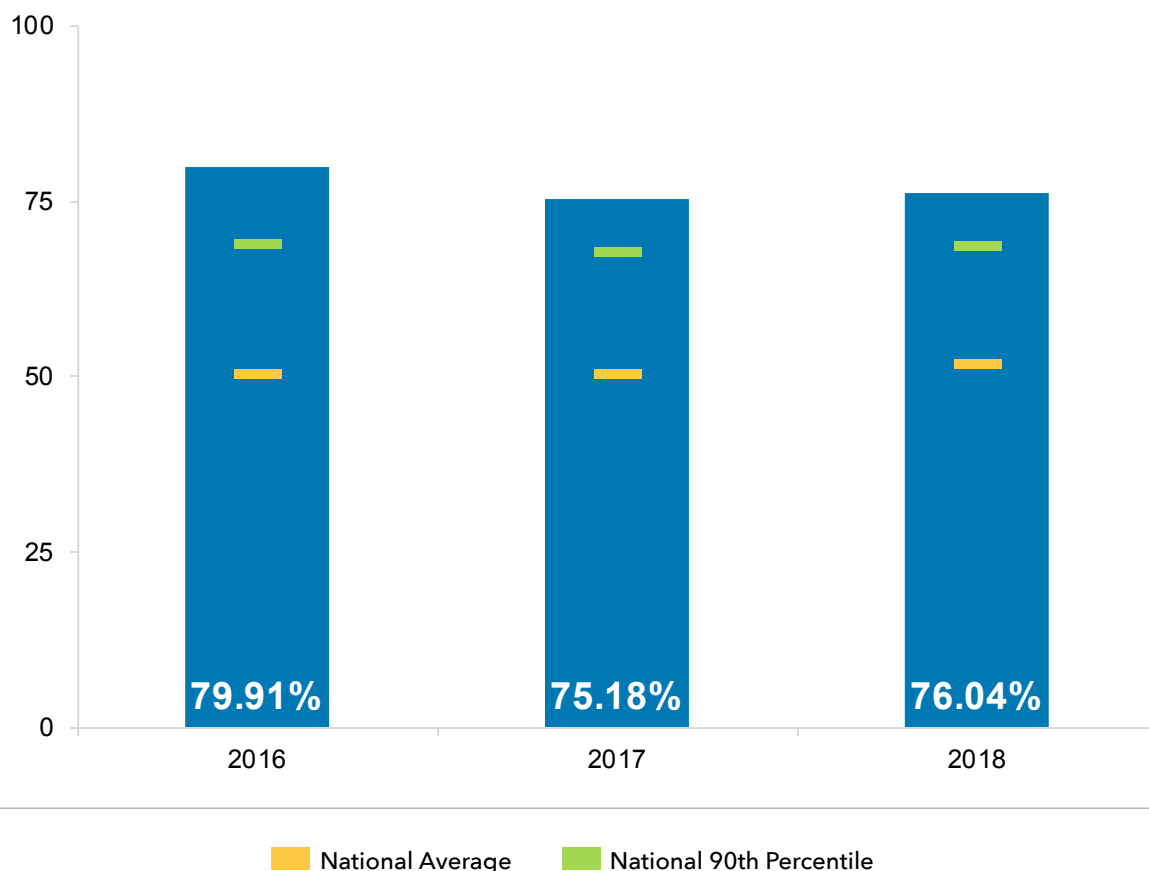
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening or monitoring test during the measurement year or evidence of nephropathy during the measurement year, as documented through either administrative data or medical record review.

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. 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.⁹

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.

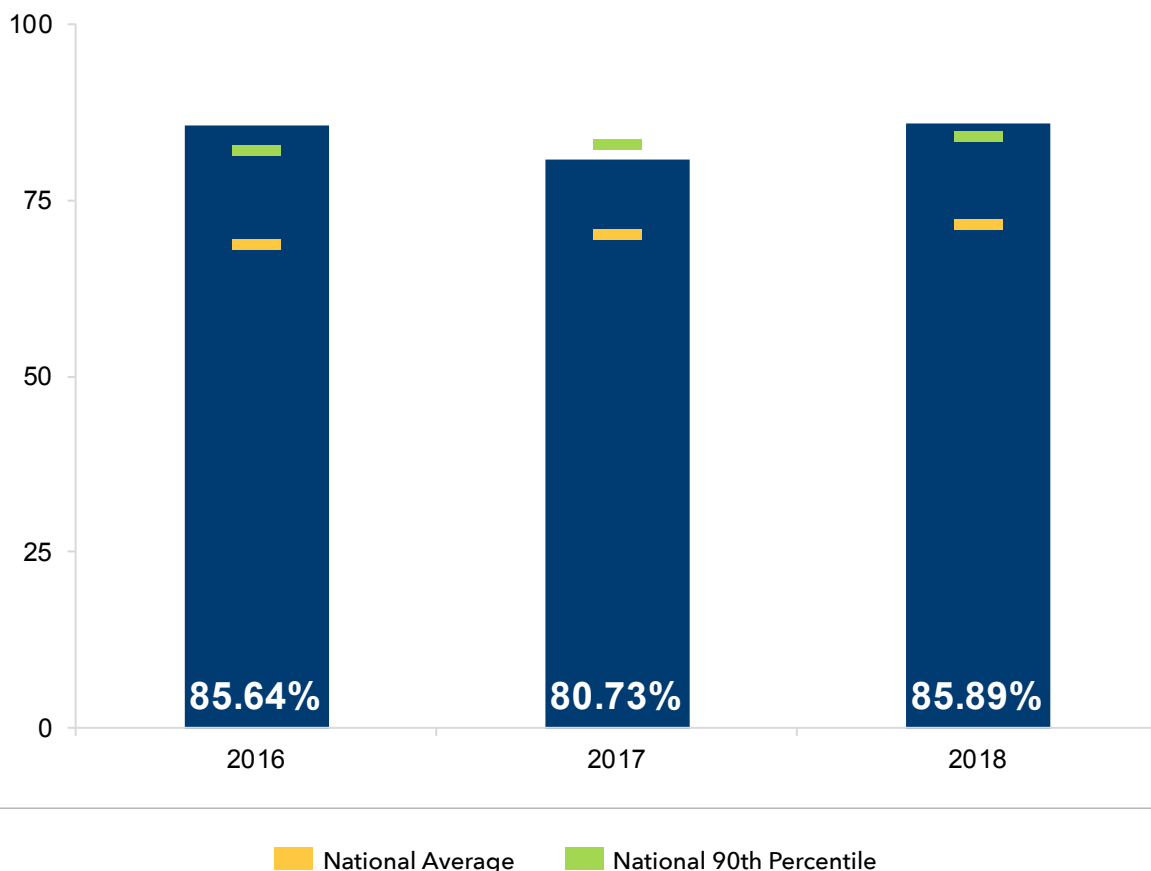
This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year OR a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement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

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. 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.⁹

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.

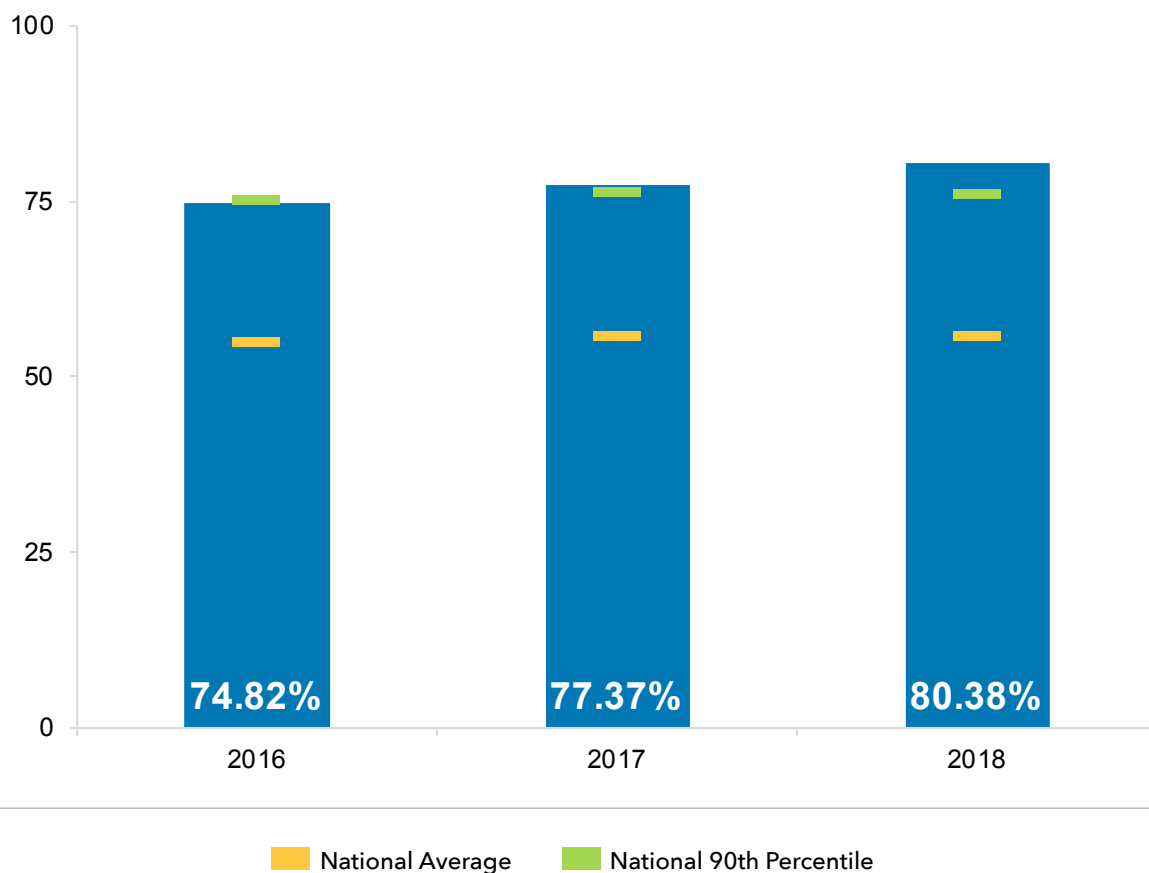
This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year OR a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement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

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. 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.⁹

Diabetic Care: Blood Pressure Control

Commercial HMO



What is being measured?

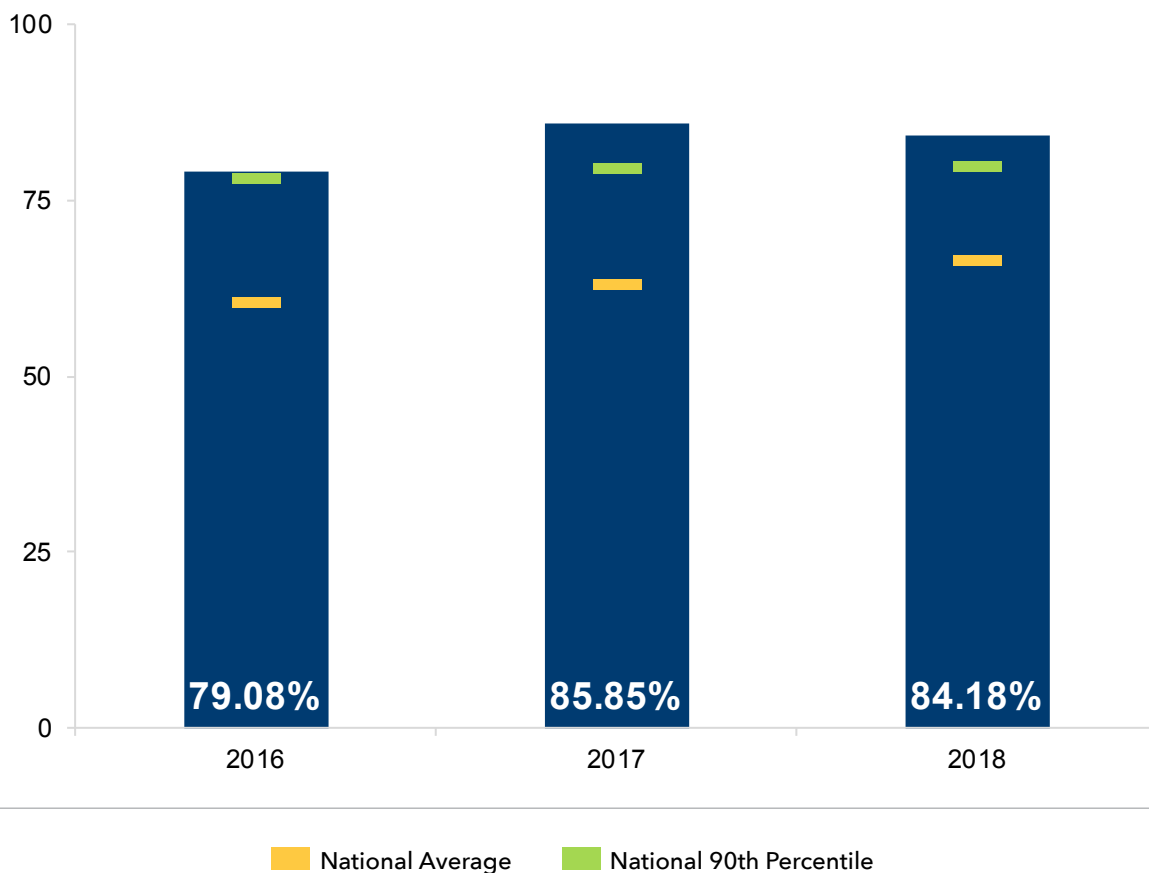
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. 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.⁹

Diabetic Care: Blood Pressure Control

Medicare HMO



What is being measured?

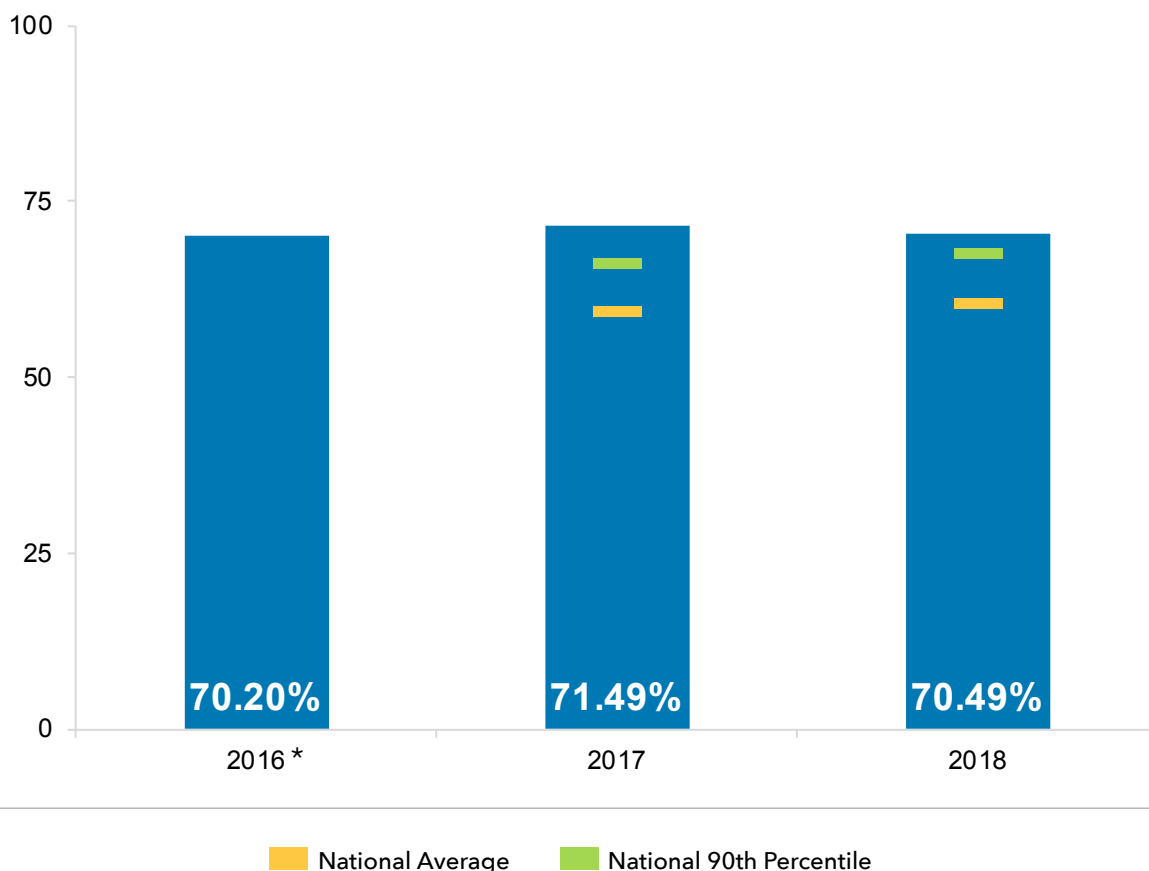
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

Why is it important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. 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.⁹

Diabetic Care: Statin Therapy Received

Commercial HMO



What is being measured?

The percentage of adults 40-75 years of age who have diabetes and who do not have clinical atherosclerotic cardiovascular disease (ASCVD), who received and adhered to statin therapy.

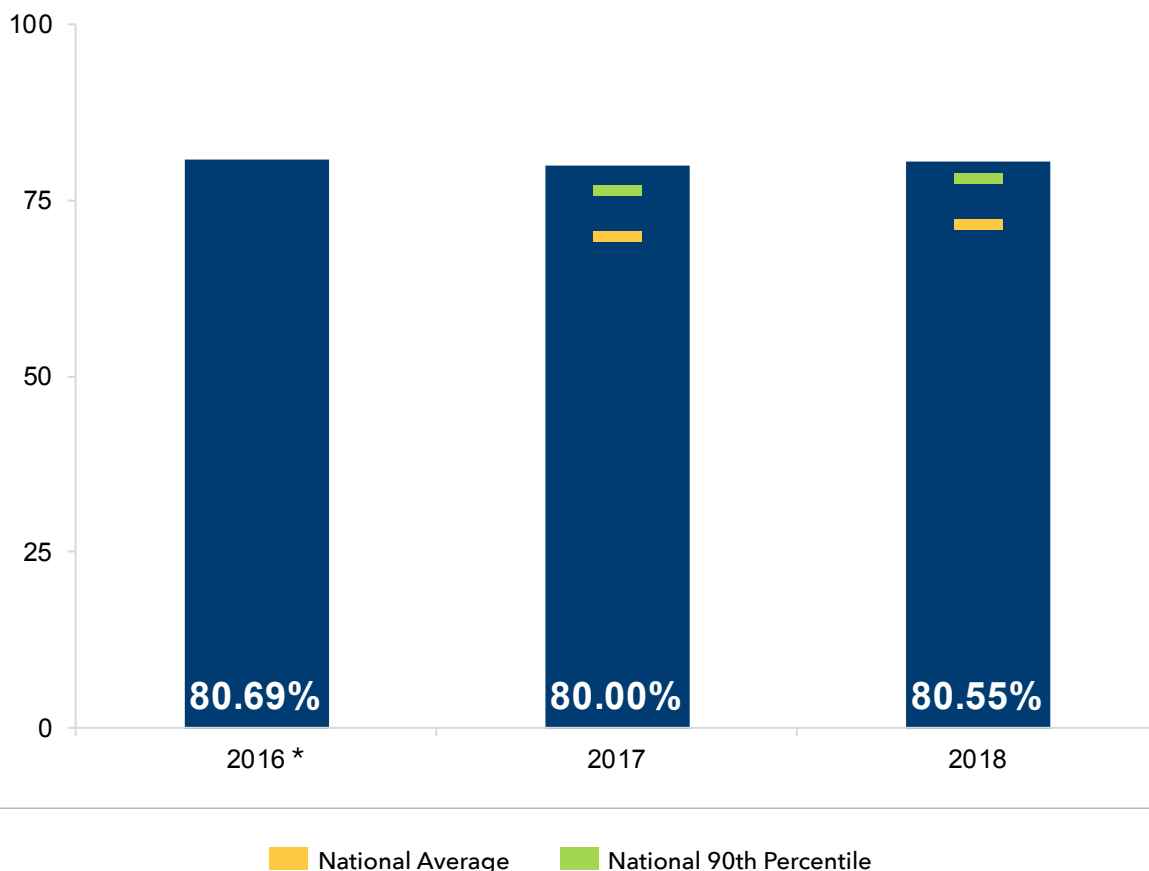
Why is it important?

Cardiovascular disease 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.¹⁰ People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places people at significant risk for developing ASCVD. Statins are a class of drugs that lower blood cholesterol. American College of Cardiology and American Heart Association (ACC/AHA) guidelines state that statins of moderate or high intensity are recommended for adults with established clinical ASCVD. Statins are recommended for primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors. Adherence to statins also aids in ASCVD risk reduction in both populations.

*Benchmarks unavailable for this year.

Diabetic Care: Statin Therapy Received

Medicare HMO



What is being measured?

The percentage of adults 40-75 years of age who have diabetes and who do not have clinical atherosclerotic cardiovascular disease (ASCVD), who received and adhered to statin therapy.

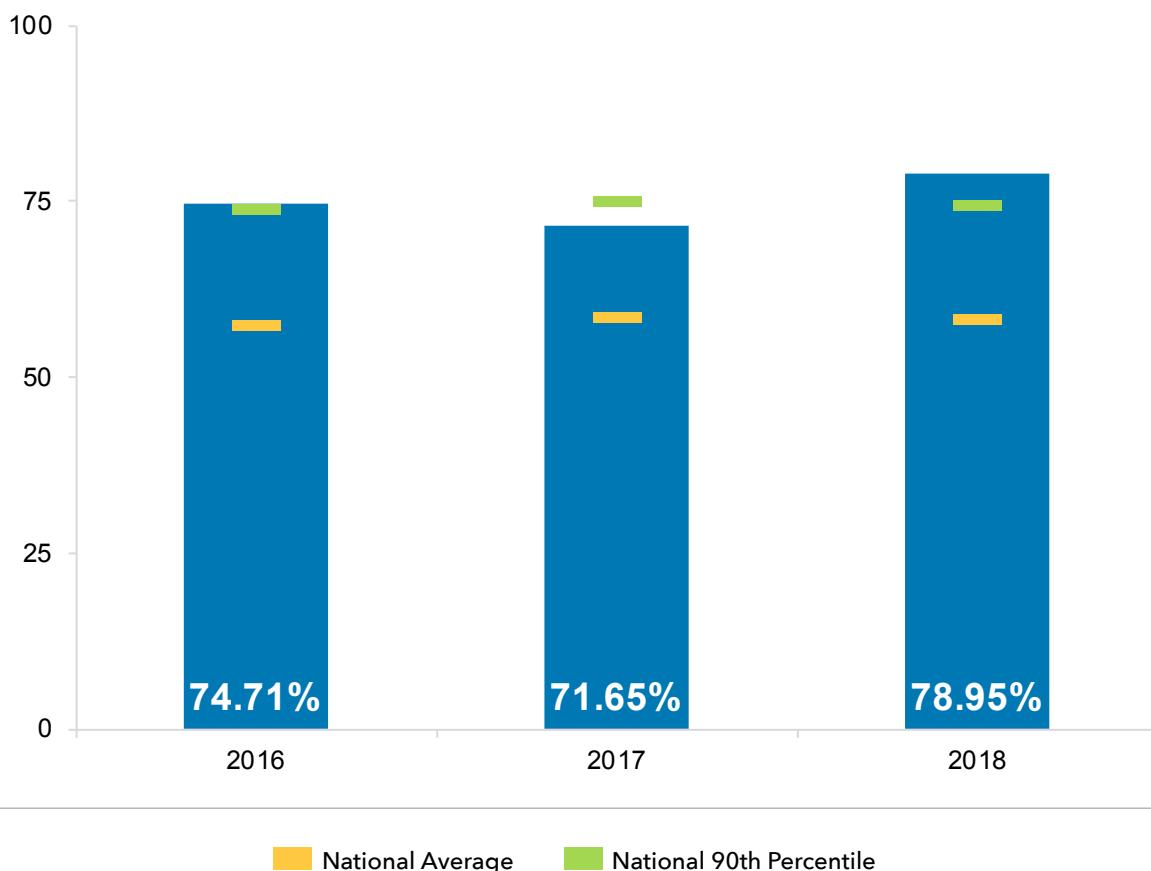
Why is it important?

Cardiovascular disease 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.¹⁰ People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places people at significant risk for developing ASCVD. Statins are a class of drugs that lower blood cholesterol. American College of Cardiology and American Heart Association (ACC/AHA) guidelines state that statins of moderate or high intensity are recommended for adults with established clinical ASCVD. Statins are recommended for primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors. Adherence to statins also aids in ASCVD risk reduction in both populations.

*Benchmarks unavailable for this year.

Heart Care: Controlling High Blood Pressure

Commercial HMO



What is being measured?

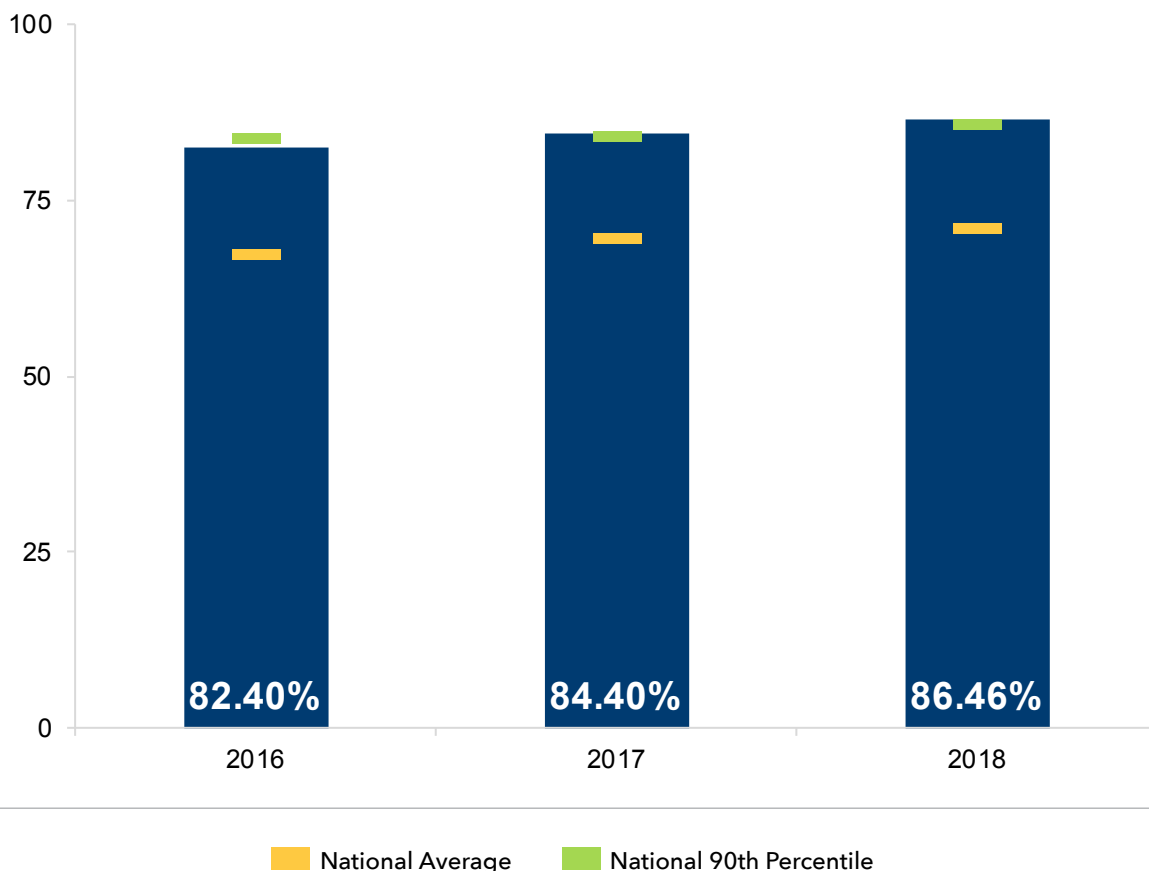
The percentage of adults 18-85 years of age with a diagnosis of hypertension and whose blood pressure was adequately controlled based on the following criteria: Adults 18-59 years of age whose blood pressure was <140/90 mm Hg, adults 60-85 years of age, with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg, adults 60-85 years of age, without a diagnosis of diabetes, whose blood pressure 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.¹¹ 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.¹² 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?

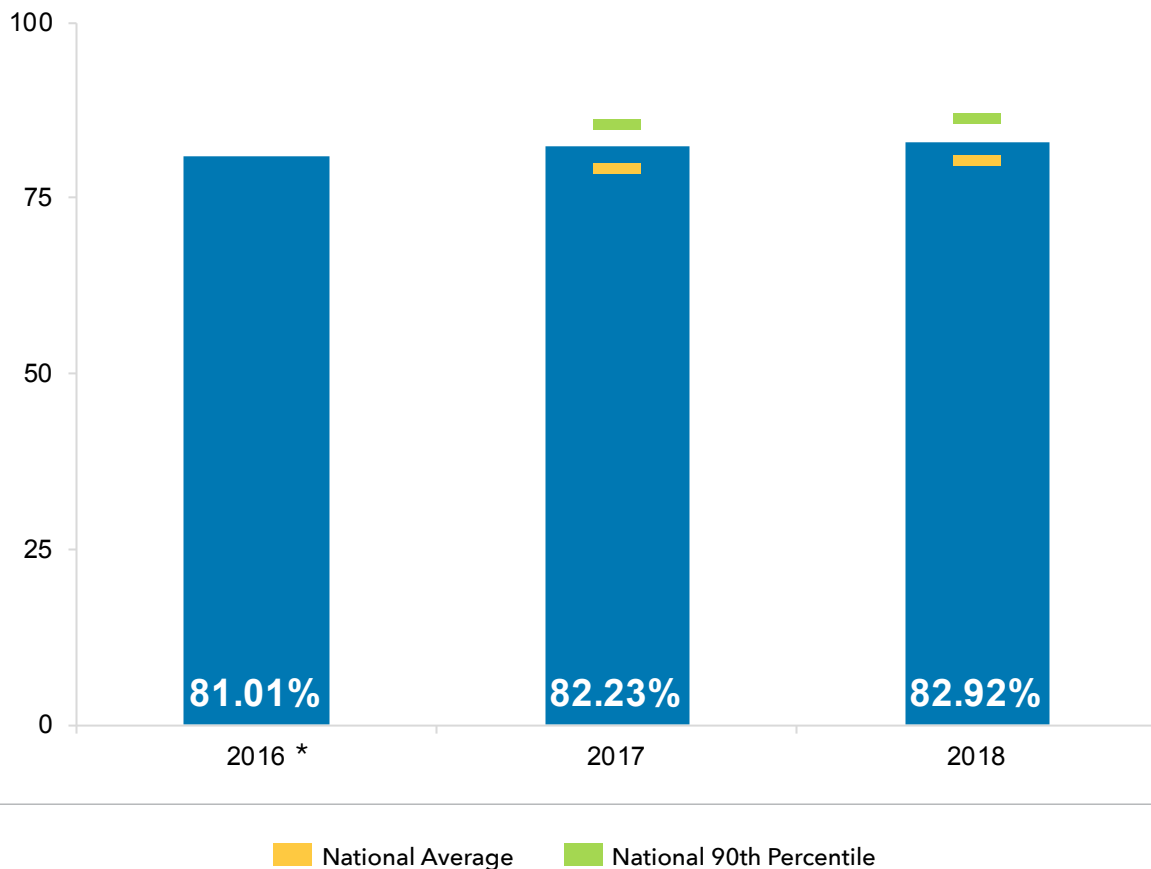
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Heart Care: Statin Therapy Received

Commercial HMO



What is being measured?

The percentage of males 21–75 years of age and females 40–75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to statin therapy.

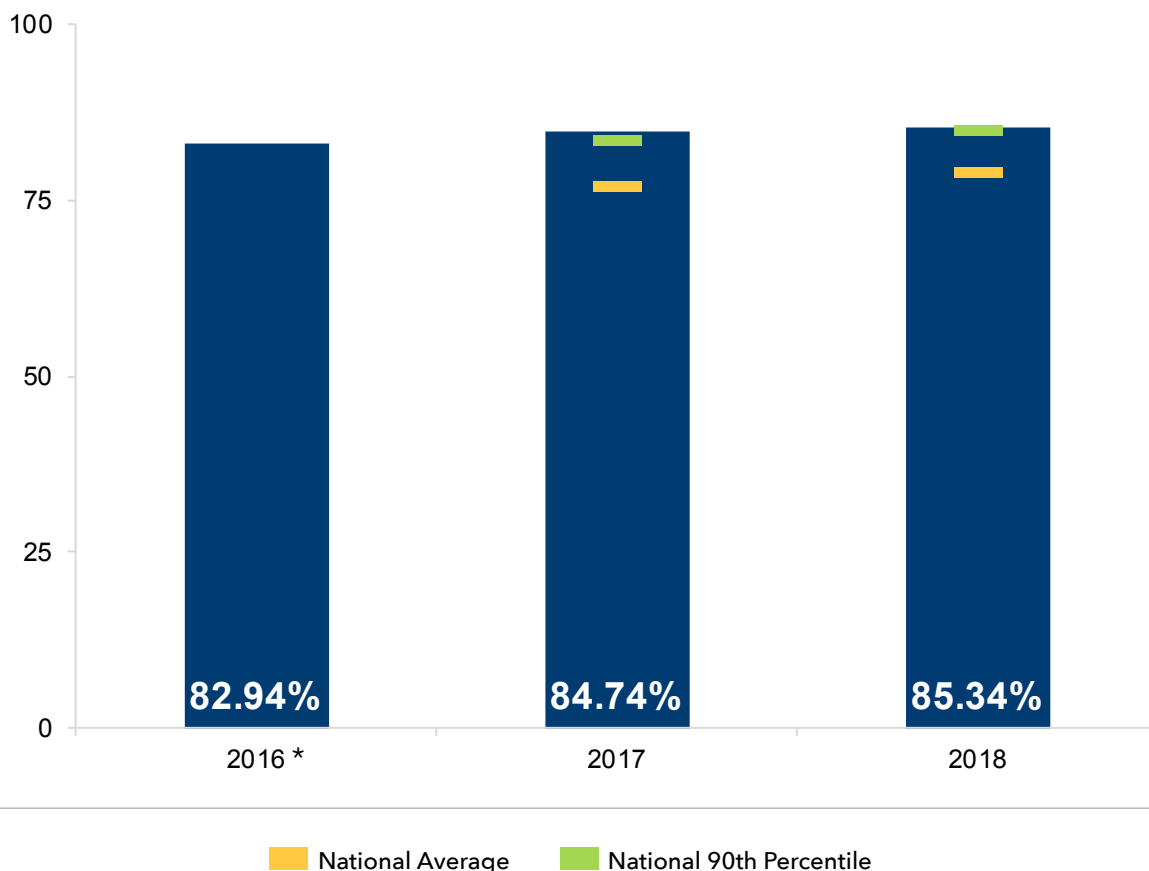
Why is it important?

Cardiovascular disease 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.¹⁰ People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places people at significant risk for developing ASCVD. Statins are a class of drugs that lower blood cholesterol. American College of Cardiology and American Heart Association (ACC/AHA) guidelines state that statins of moderate or high intensity are recommended for adults with established clinical ASCVD. Statins are recommended for primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors. Adherence to statins also aids in ASCVD risk reduction in both populations.

*Benchmarks unavailable for this year.

Heart Care: Statin Therapy Received

Medicare HMO



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The percentage of males 21–75 years of age and females 40–75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to statin therapy.

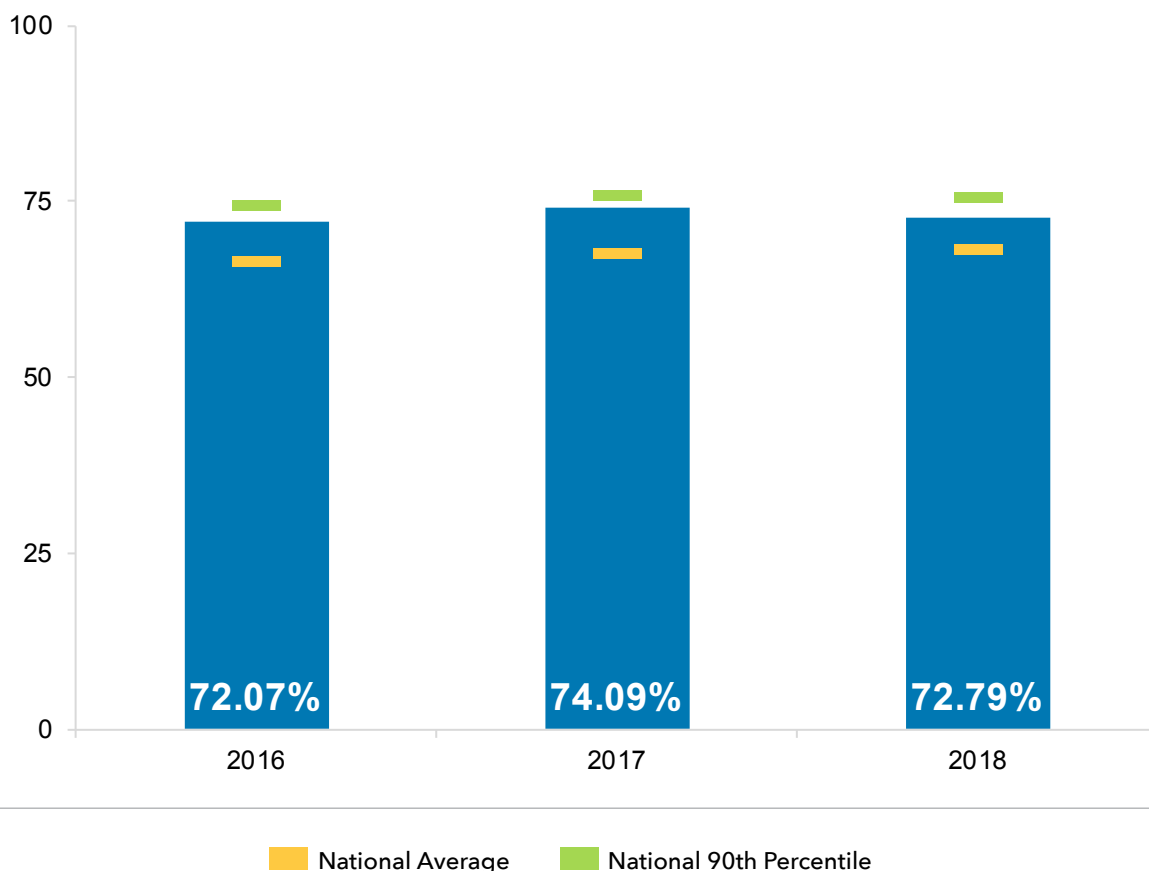
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*Benchmarks unavailable for this year.

Antidepressant Medication Management (Acute)

Commercial HMO



What is being measured?

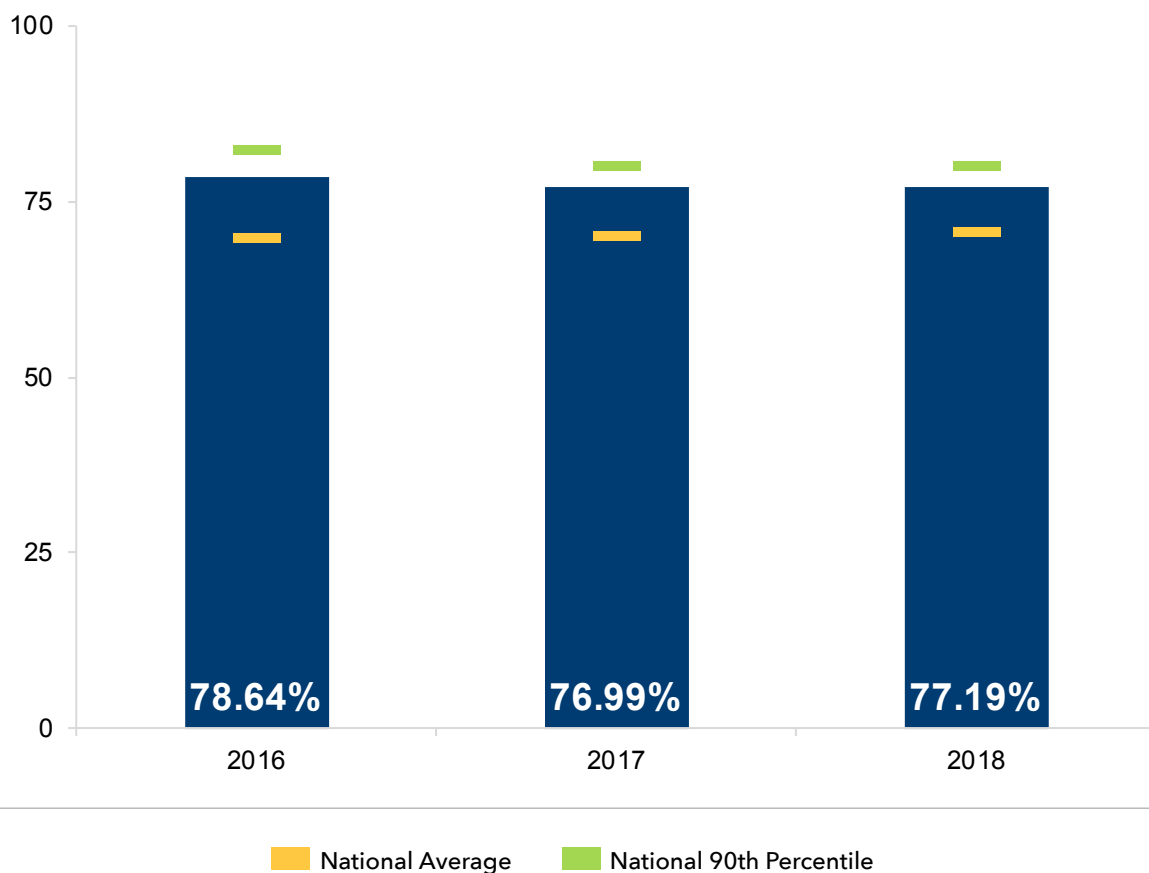
The percentage of adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 84 days (12 weeks).

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.^{13,14} 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.¹⁵ Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.

Antidepressant Medication Management (Acute)

Medicare HMO



What is being measured?

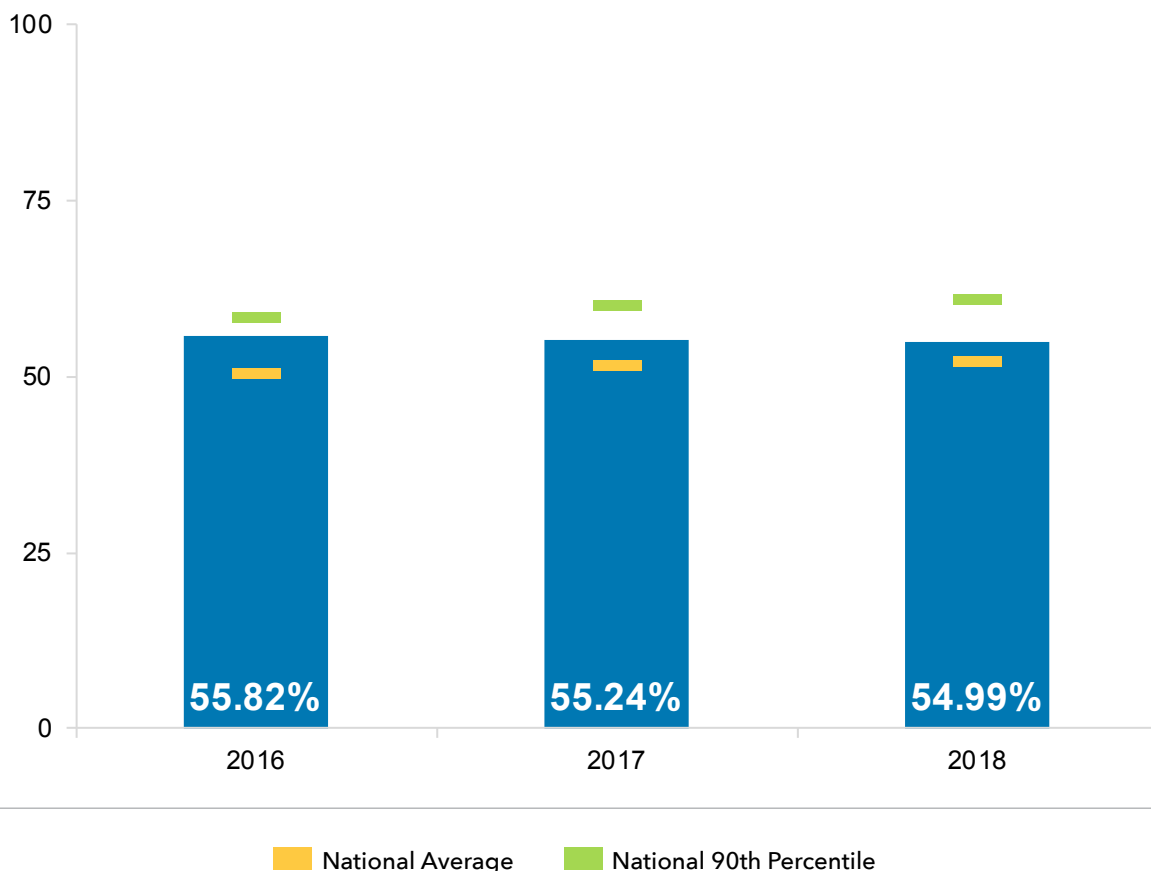
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Antidepressant Medication Management (Continuation)

Commercial HMO



What is being measured?

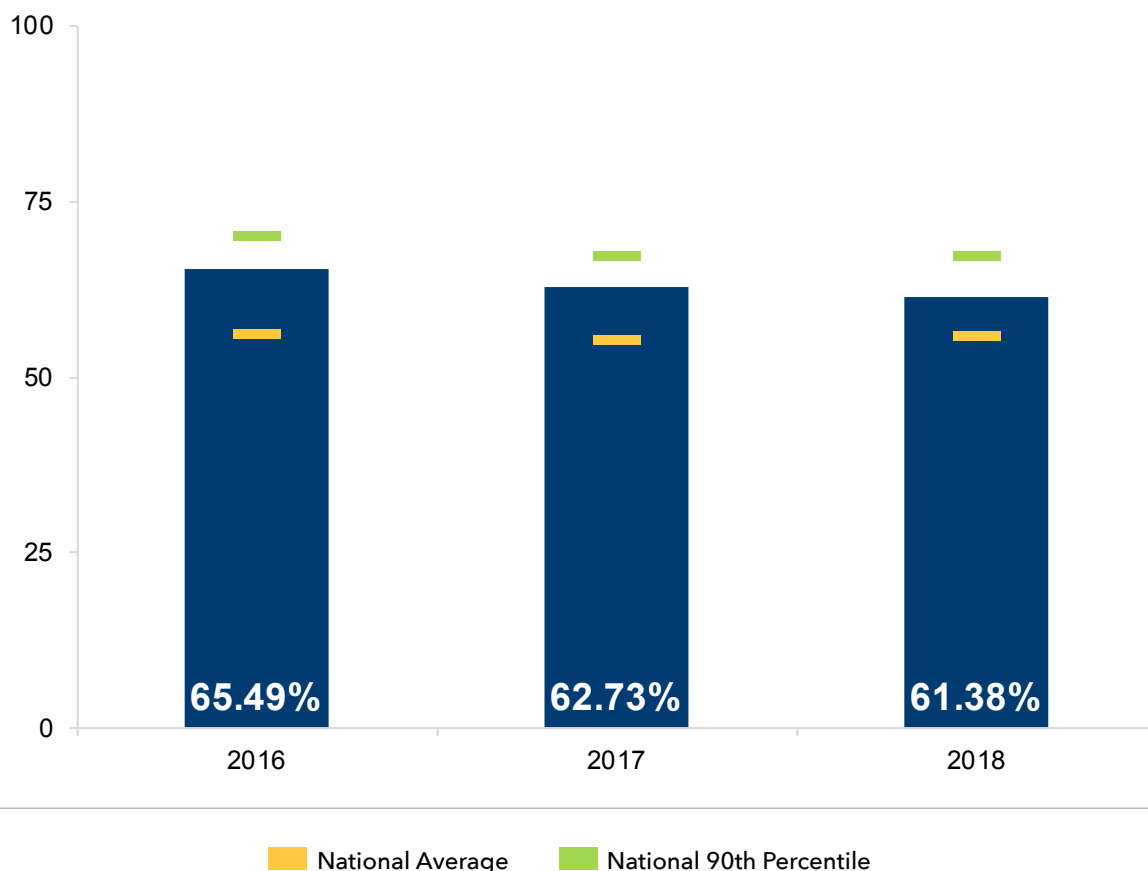
The percentage of adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 180 days (6 months).

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.^{13,14} 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.¹⁵ Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.

Antidepressant Medication Management (Continuation)

Medicare HMO



What is being measured?

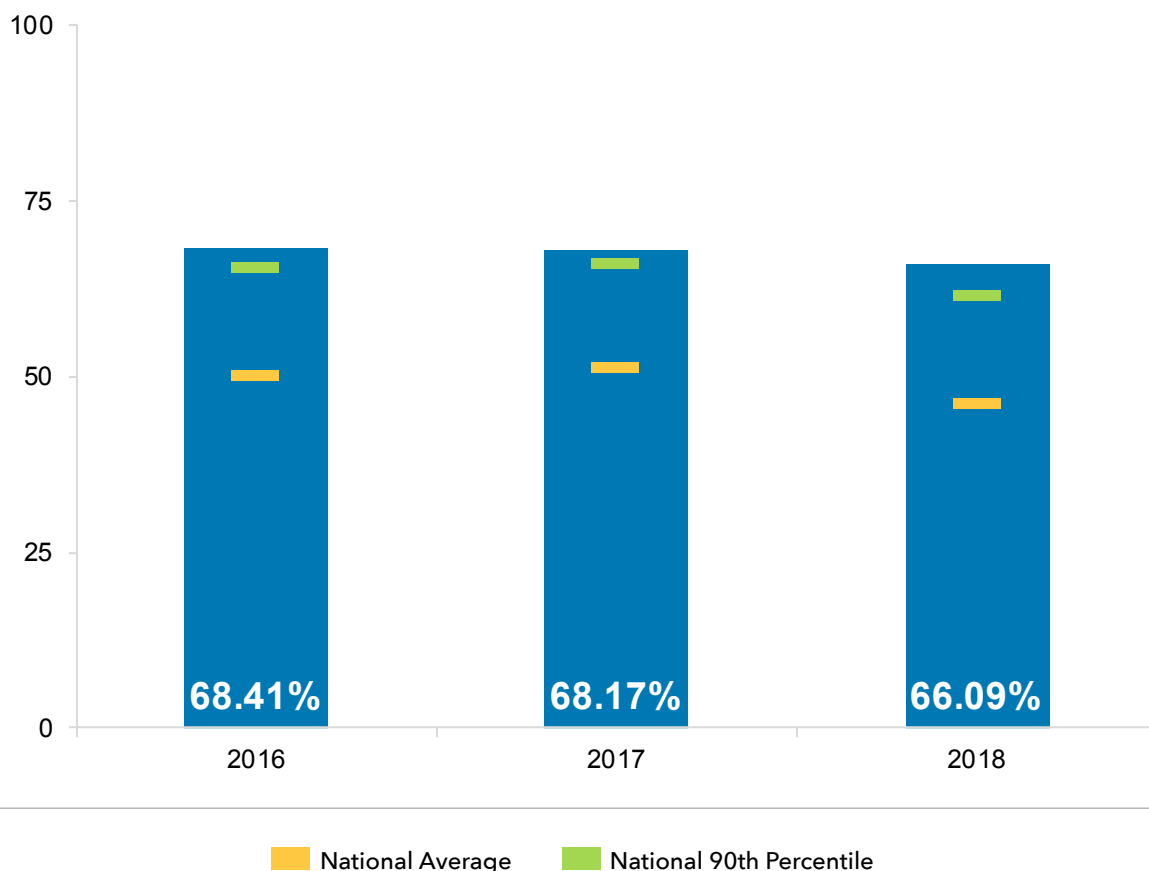
The percentage of adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 180 days (6 months).

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.^{13,14} 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.¹⁵ Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.

Follow-Up After Hospitalization for Mental Illness (7 Days)

Commercial HMO



What is being measured?

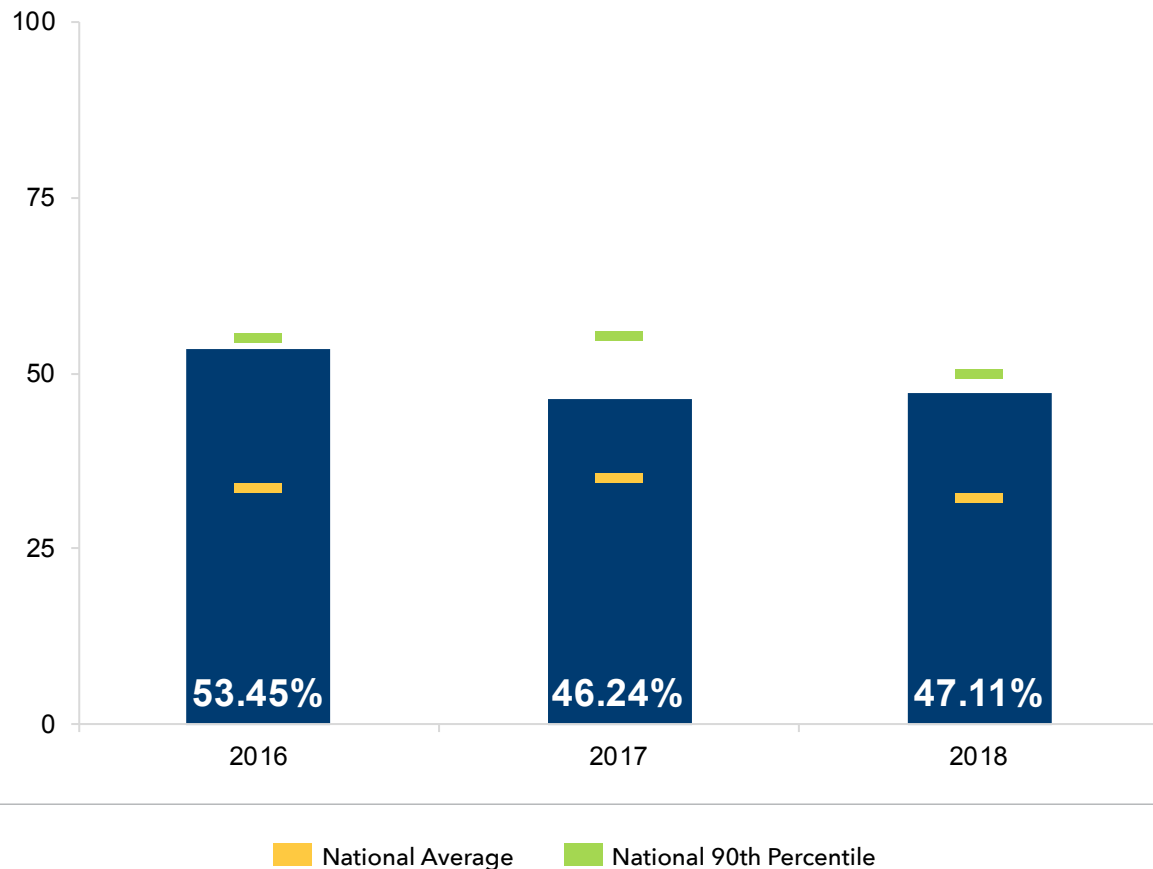
The percentage of adults and children 6 years of age and older who were hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 7 days of discharge.

Why is it important?

Approximately one in four adults in the United States suffers from mental illness in a given year. Nearly half of U.S. adults will develop at least one mental illness in their lifetime.^{16,17} There are over 2,000,000 hospitalizations each year for mental illness in the U.S.¹⁸ Patients hospitalized for mental health issues are vulnerable after their discharge. 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?

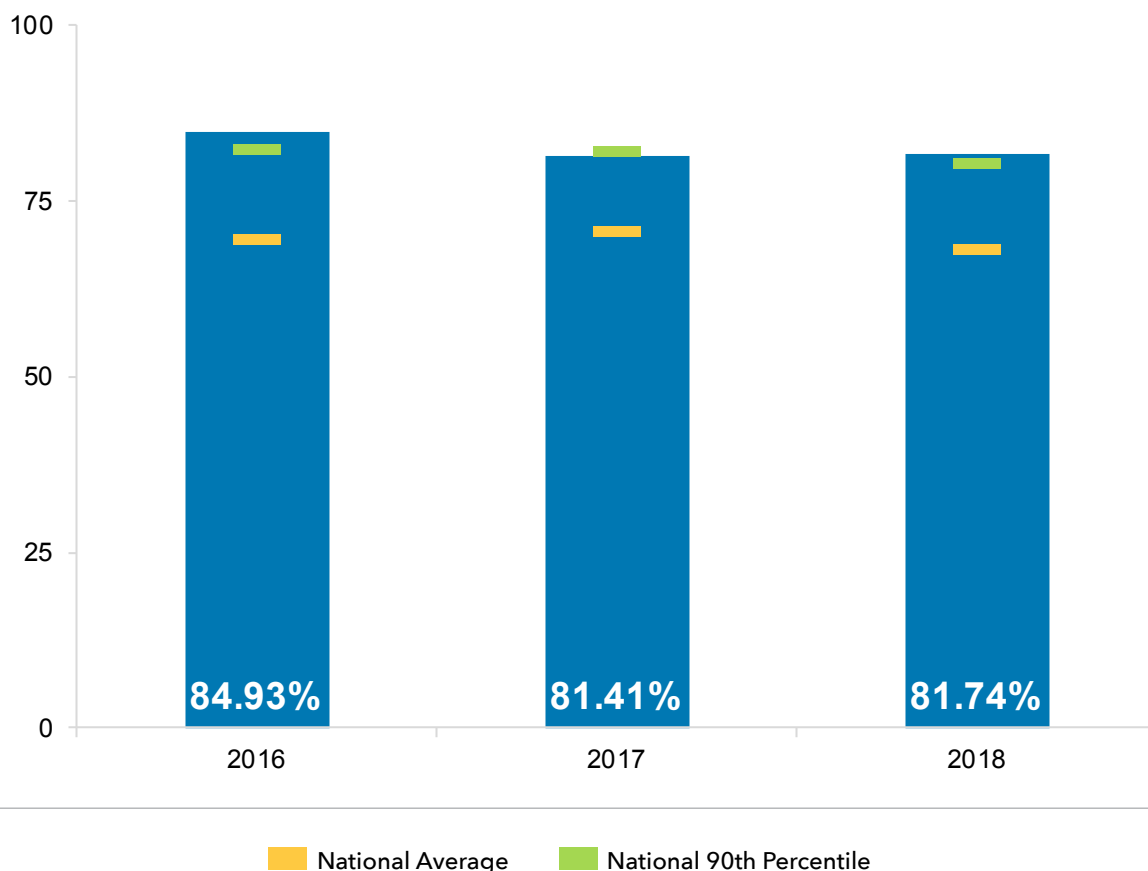
The percentage of adults and children 6 years of age and older who were hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 7 days of discharge.

Why is it important?

Approximately one in four adults in the United States suffers from mental illness in a given year. Nearly half of U.S. adults will develop at least one mental illness in their lifetime.^{16,17} There are over 2,000,000 hospitalizations each year for mental illness in the U.S.¹⁸ Patients hospitalized for mental health issues are vulnerable after their discharge. 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?

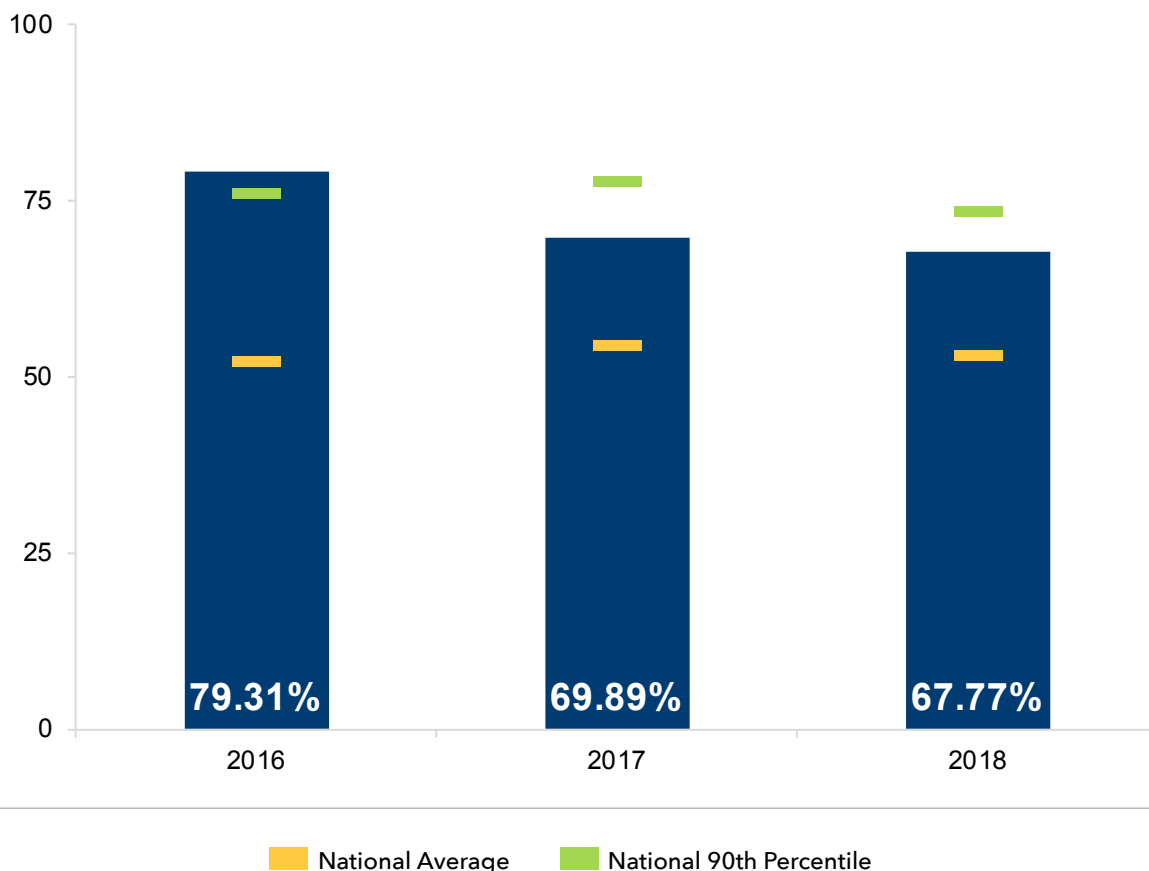
The percentage of adults and children 6 years of age and older who were hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 30 days of discharge.

Why is it important?

Approximately one in four adults in the United States suffers from mental illness in a given year. Nearly half of U.S. adults will develop at least one mental illness in their lifetime.^{16,17} There are over 2,000,000 hospitalizations each year for mental illness in the U.S.¹⁸ Patients hospitalized for mental health issues are vulnerable after their discharge. 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)

Medicare HMO



What is being measured?

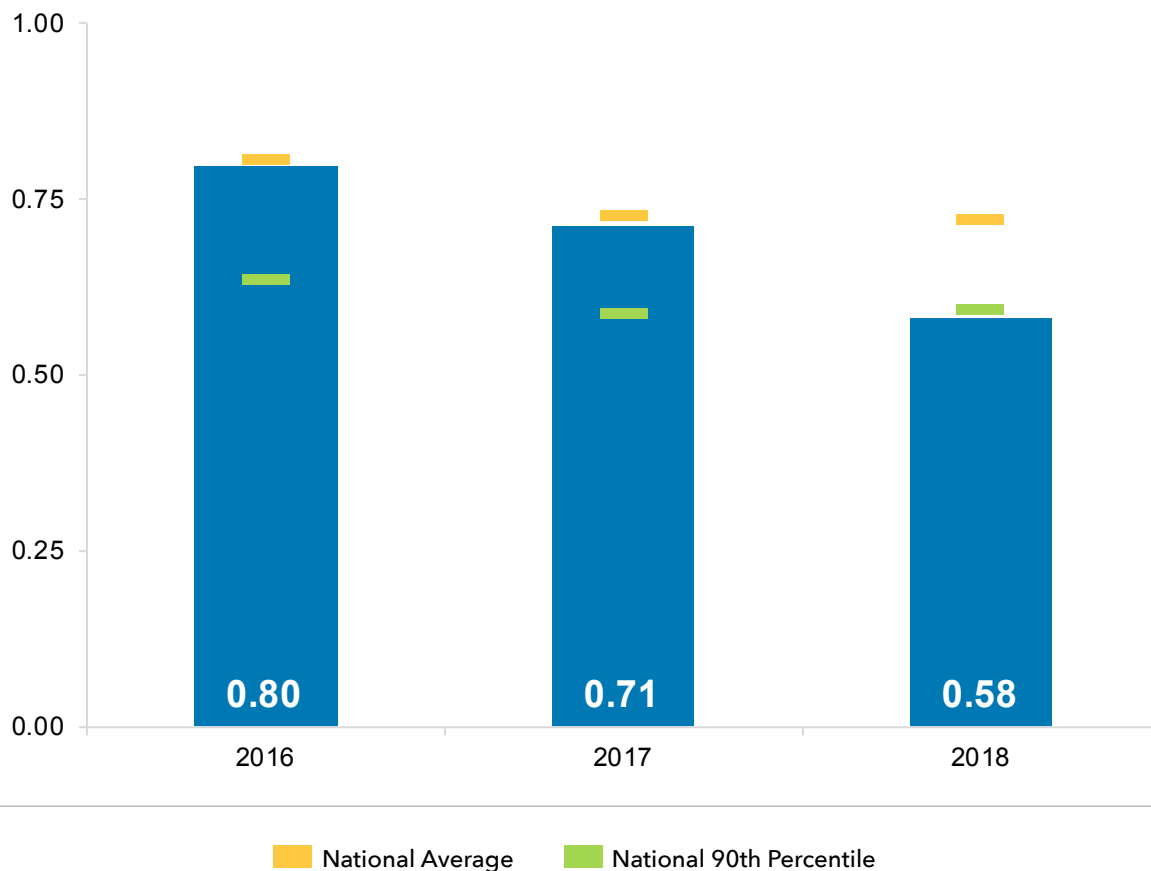
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Plan All-Cause Readmissions*

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 to account for the prior and current health of the member, among other factors.

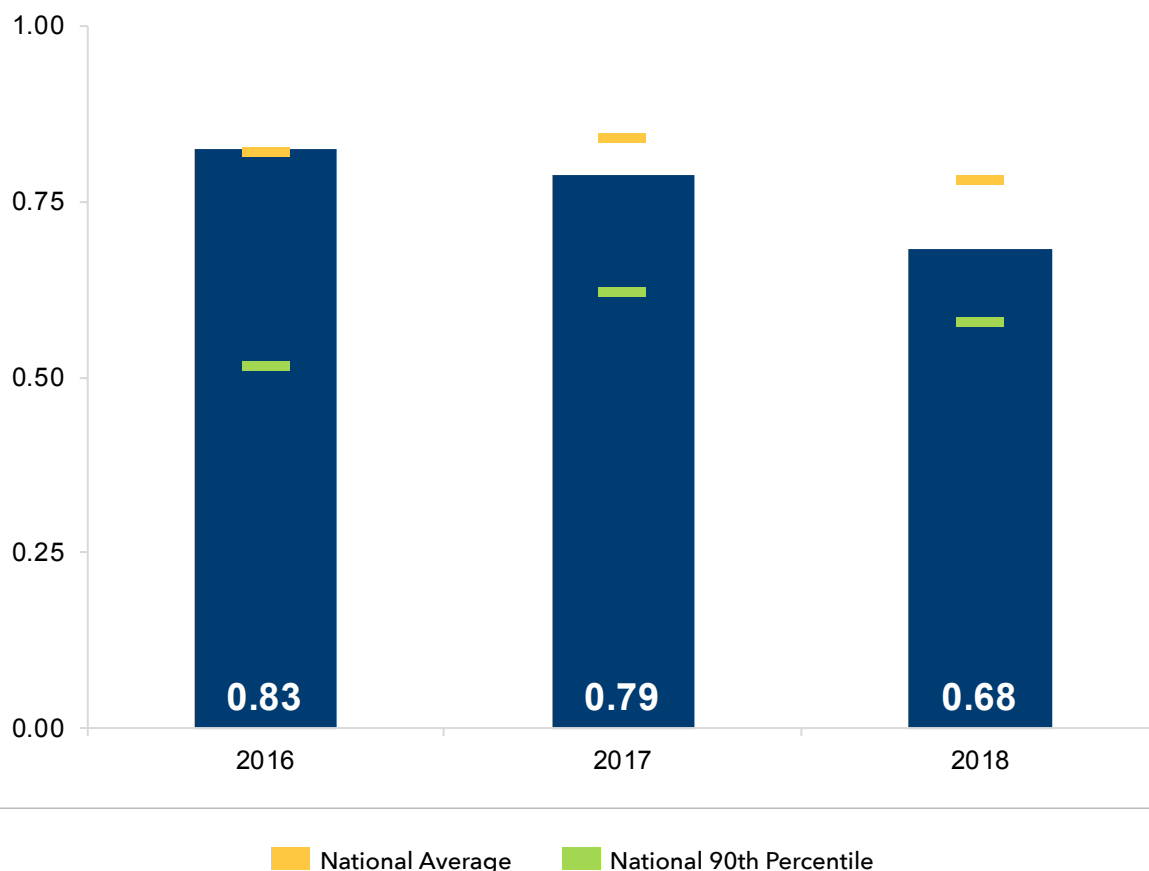
Why is it important?

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. They can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management.¹⁹

*Lower rates are better for this measure.

Plan All-Cause Readmissions*

Medicare HMO



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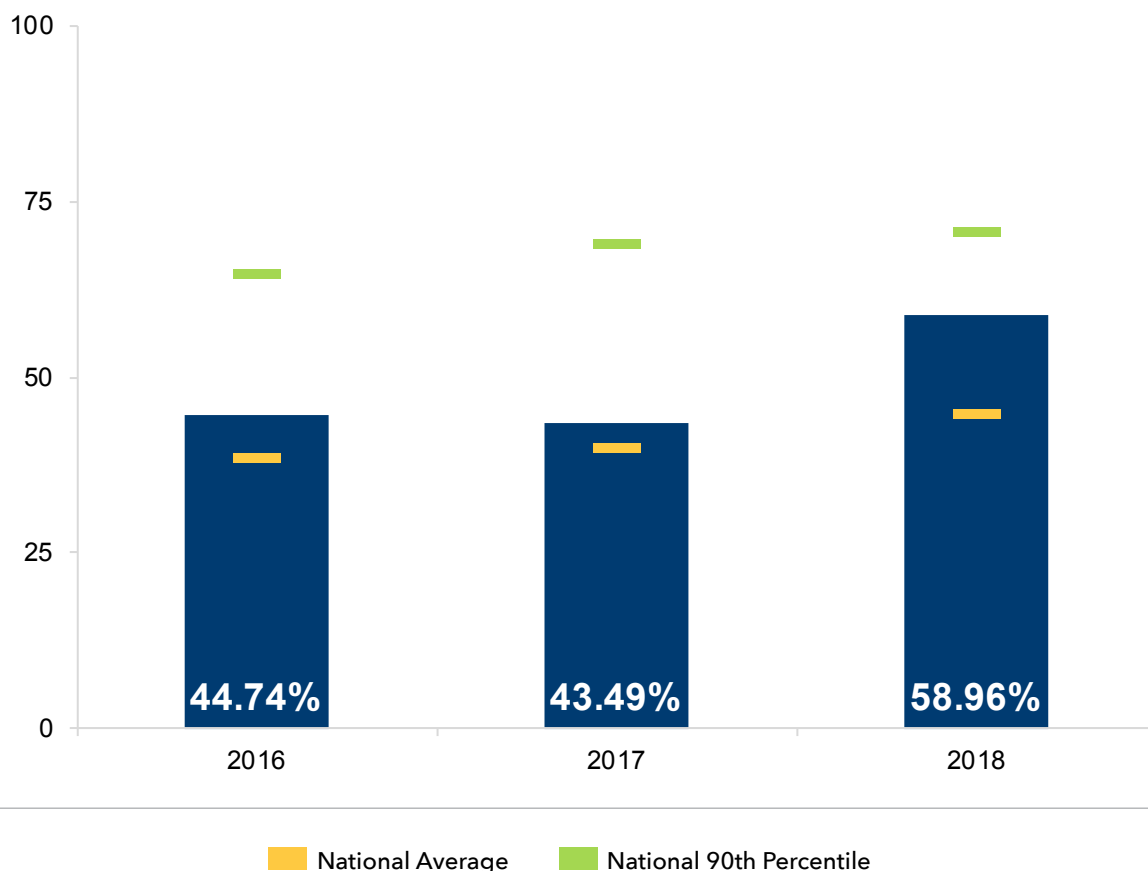
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Osteoporosis Management in Women Who Had a Fracture

Medicare HMO



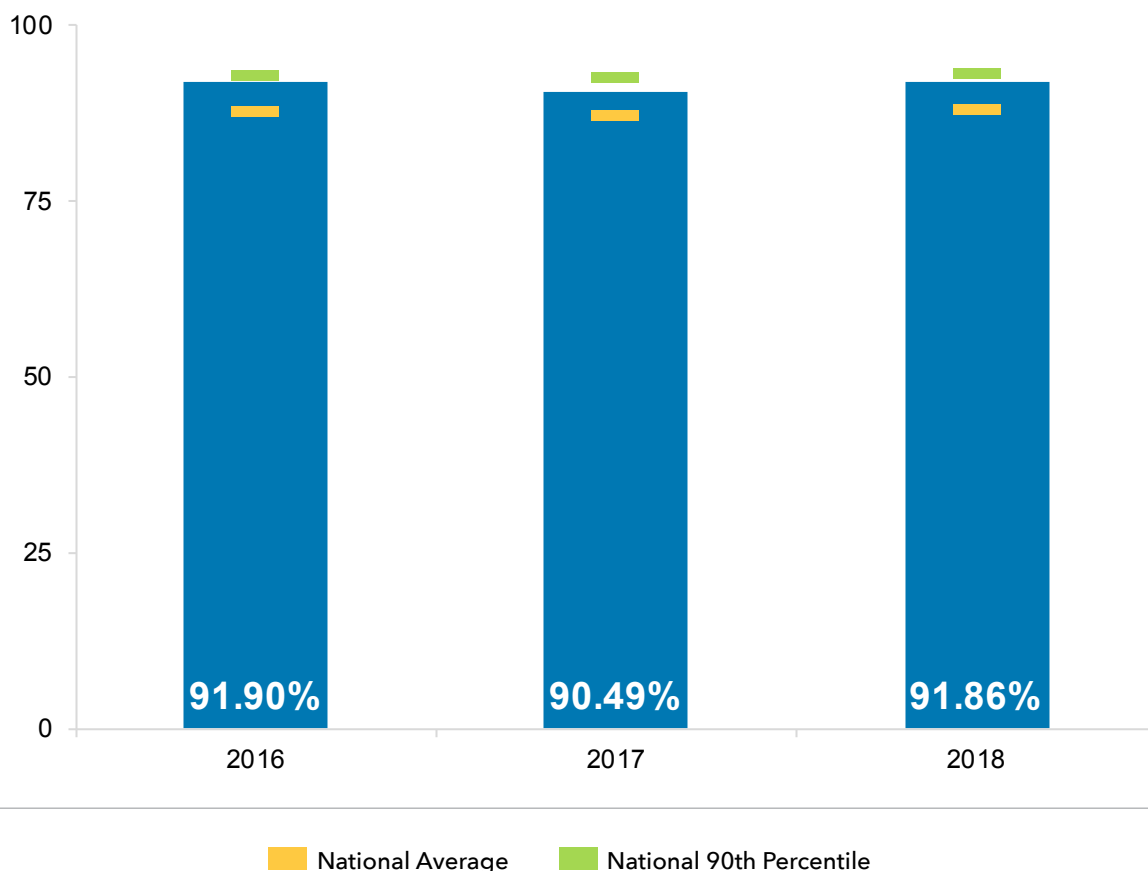
What is being measured?

The percentage of women 65-85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.

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.²⁰ Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life and increased mortality.²¹ With appropriate screening and treatment, the risk of osteoporosis-related fractures can be reduced.

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis Commercial HMO



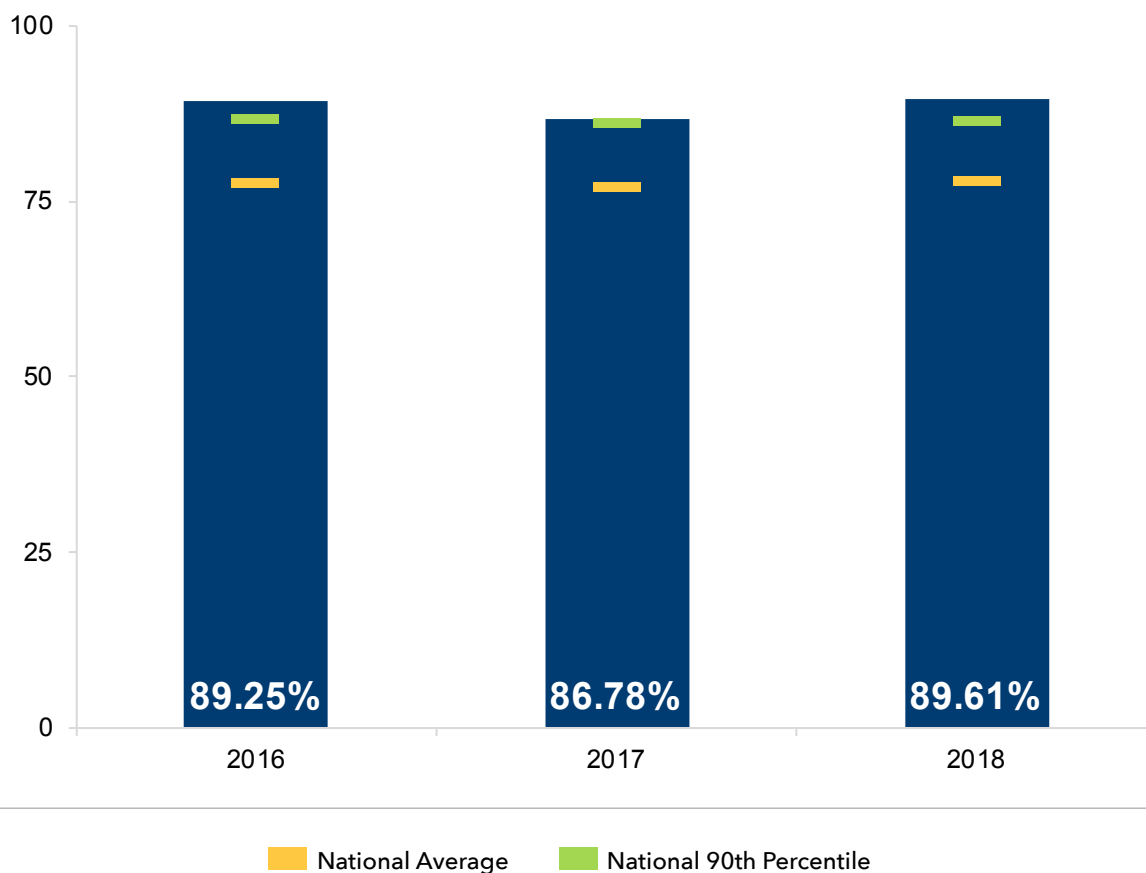
What is being measured?

The percentage of adults diagnosed with rheumatoid arthritis (RA) who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Why is it important?

RA is a chronic inflammatory disease in which the immune system attacks healthy joints.²² It causes inflammation and destruction of joints and can also damage organs.²³ RA is progressive, but early intervention with DMARDs can help preserve function and prevent further damage to joints.²³

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis Medicare HMO



What is being measured?

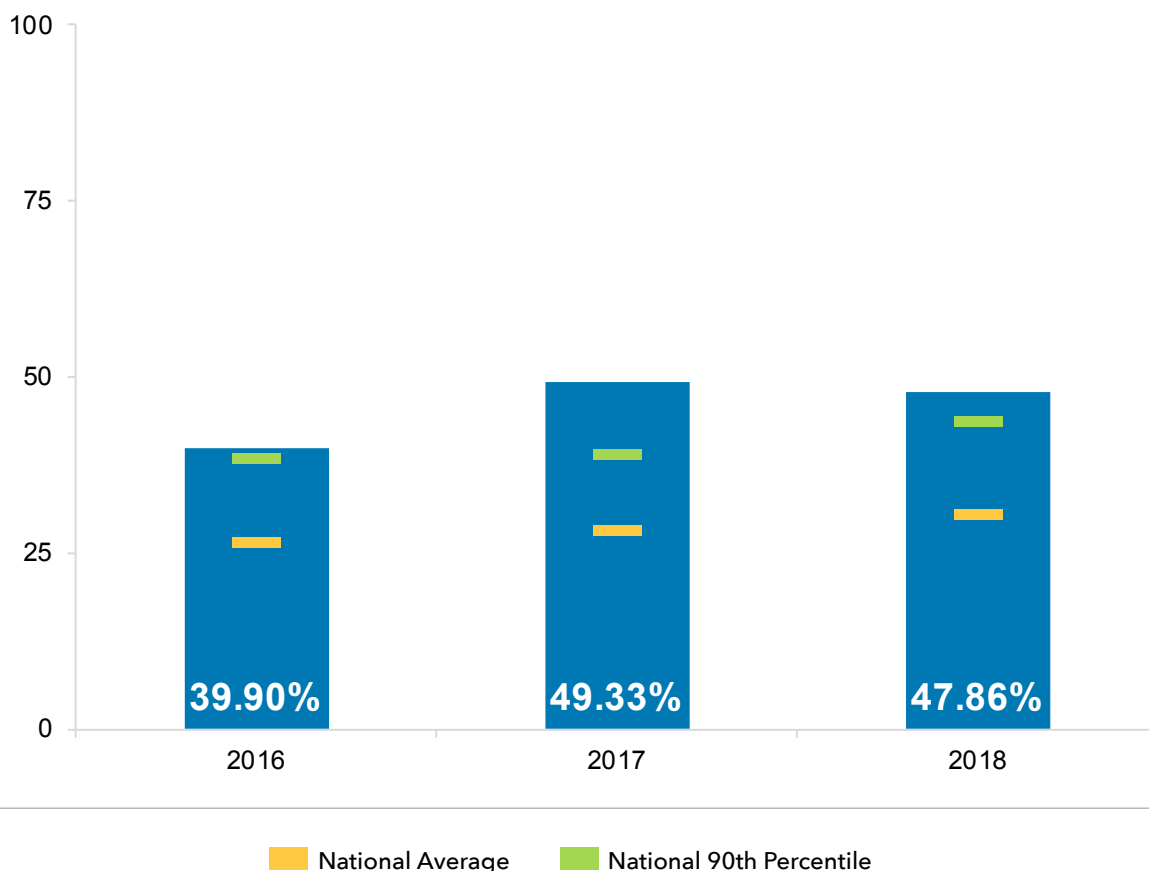
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Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Commercial HMO



What is being measured?

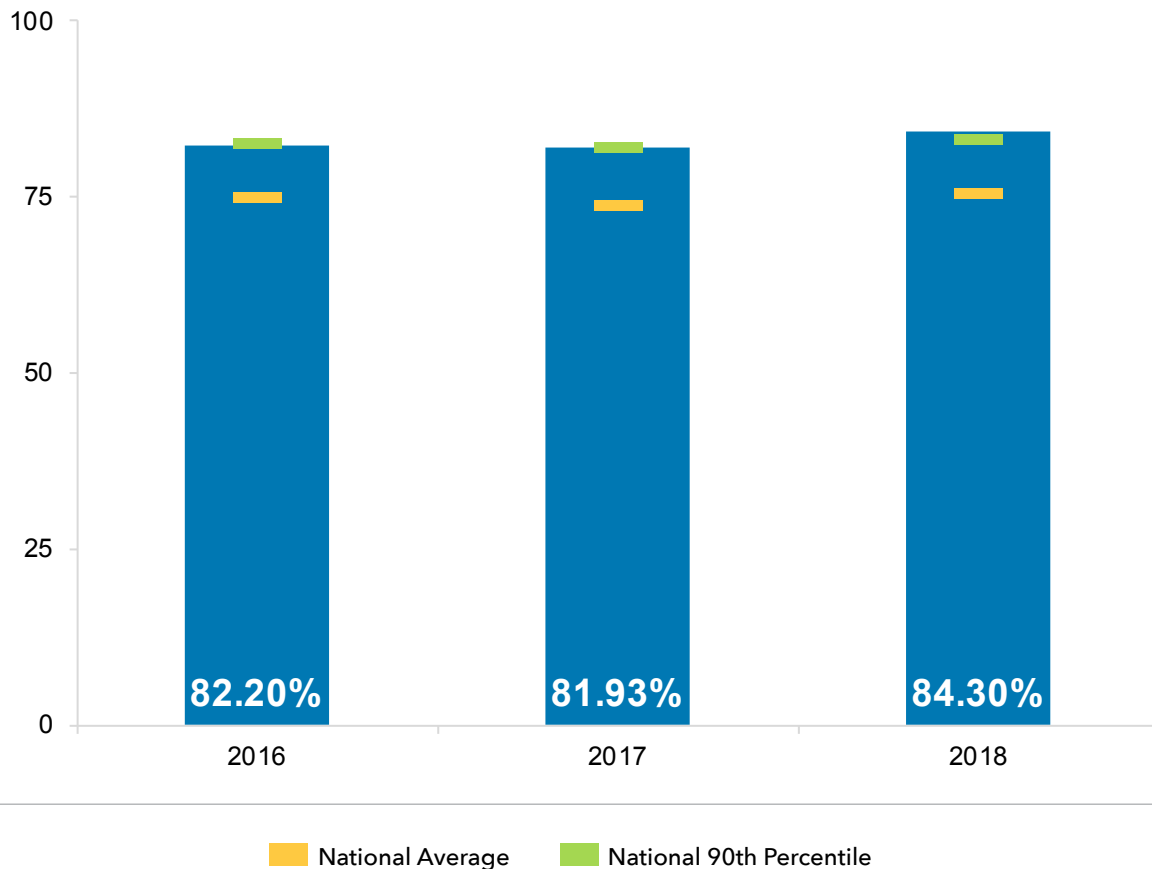
The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription (a higher rate is better).

Why is it important?

Antibiotics cost the health care system billions of dollars each year and treating conditions such as acute bronchitis adds to the cost. Current guidelines recommend against antibiotic treatment for acute bronchitis in adults who are otherwise healthy,^{24,25} because overuse can lead to antibiotic resistance.²⁶ Acute bronchitis almost always gets better on its own; therefore, adults who do not have other health problems should not take antibiotics. Ensuring the appropriate use of antibiotics for patients with acute bronchitis will help them avoid harmful side-effects and possible resistance to antibiotics over time.

Use of Imaging Studies for Low Back Pain

Commercial HMO



What is being measured?

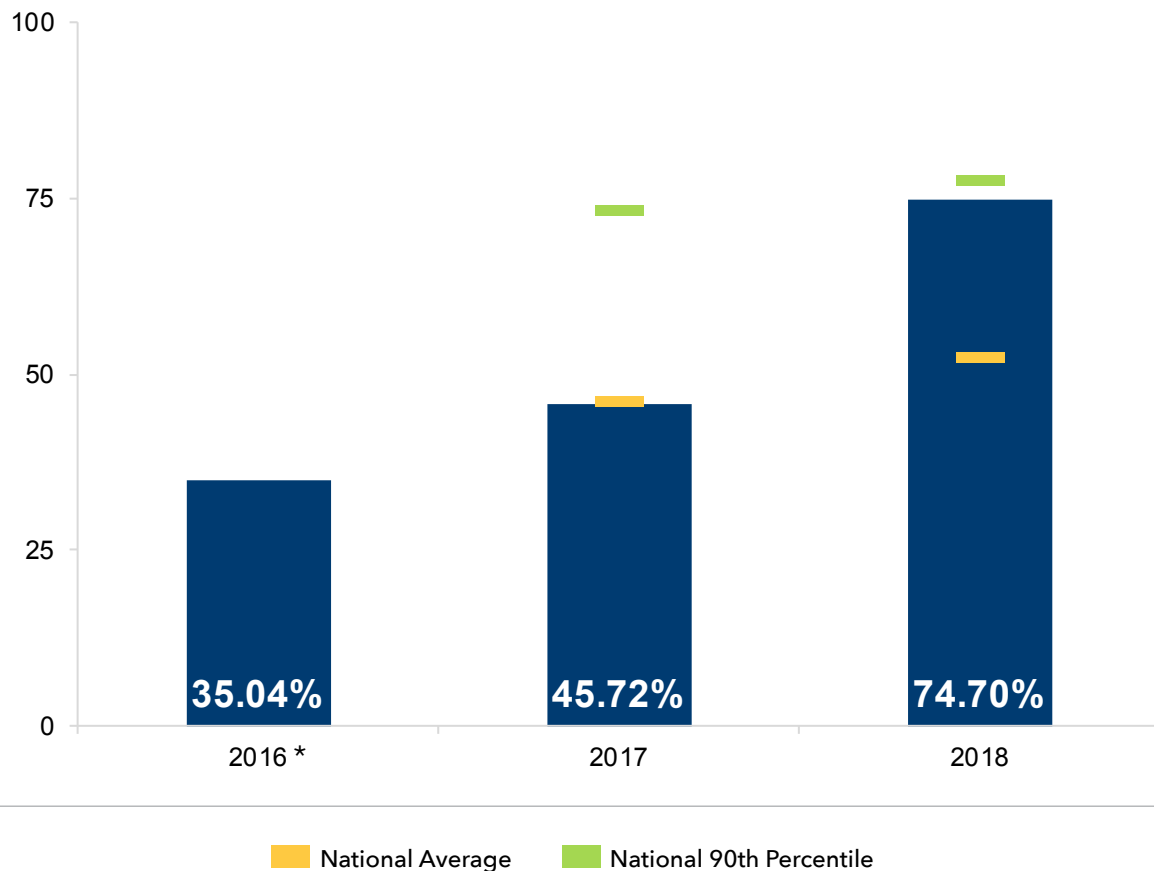
The percentage of adults 18-50 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).

Why is it important?

Approximately 2.5 million Americans visit outpatient clinical settings for low back pain each year. Approximately 75% of adults will experience low back pain at some time in their lives. In any three-month period, approximately 25% of Americans will experience at least one day of back pain. Evidence shows that unnecessary or routine imaging (X-ray, MRI, CT scans) for low back pain is not associated with improved outcomes. It also exposes patients to unnecessary harms such as radiation and further unnecessary treatment. For the majority of individuals who experience severe low back pain, pain improves within the first two weeks of onset. Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce health care costs.

Medication Reconciliation Post-Discharge

Medicare HMO



What is being measured?

The percentage of adults 18 years and older who were discharged from an inpatient facility had their medications reconciled within 30 days.

Why is it important?

Medication reconciliation is a critical piece of care coordination for all individuals who use prescription medications. 82% of all adults in the U.S. take at least one medication (prescription or nonprescription, vitamin/mineral, herbal/natural supplement); 29% take five or more.²⁷ The high prevalence of prescription medication use can result in potentially negative consequences for patients if medications are not used and monitored appropriately. Medication reconciliation is an important element of patient safety. It can reduce the occurrence of adverse drug events, especially for people with multiple prescription medications.²⁸

*Benchmarks unavailable for this year.

Our Commitment to Your Treatment

Here is one of the current initiatives happening at KPWA to improve treatment:

Diabetes Program

The KPWA Diabetes Program was established to support our members with diabetes. This support is provided to primary care in the form of education, training, and clinical consultation for nursing and medical staff across the region. One team supported by the Diabetes Program is the population care registered nurse (RN) team in Primary Care who work directly with members with diabetes. Evidence-based research shows that frequent communication or “touches” between a nurse and a patient with diabetes 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 including diabetes education, lifestyle coaching, interpreting blood sugar data, and insulin help.

Clinical support helps prevent “clinical inertia” that often happens when treating diabetes. This occurs 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.



KPWA utilizes the HEDIS metric of the total number of members with a HbA1c below 8% to measure the success of the Diabetes Program. In the last year, we have improved our rate by 2.7% for the total population. This change is not insignificant. For an individual member living with diabetes, every percentage point the HbA1c drops means:

- 37% decrease in risk for microvascular complications
- 21% decrease in risk of death by any cause
- 14% decrease in risk for myocardial infarction (heart attack)
- 21% decrease in risk of any other complication of diabetes

There are two ways our members might be offered chronic disease management services at KPWA: 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, creating an individualized medical treatment plan, with goals designed by physicians. Members can always ask their physician if they would like to learn more about the program as well.



Experience

Kaiser Permanente is committed to providing service that exceeds our members' expectations. In this section, learn about how we performed on the following quality of experience measures:

Member Experience

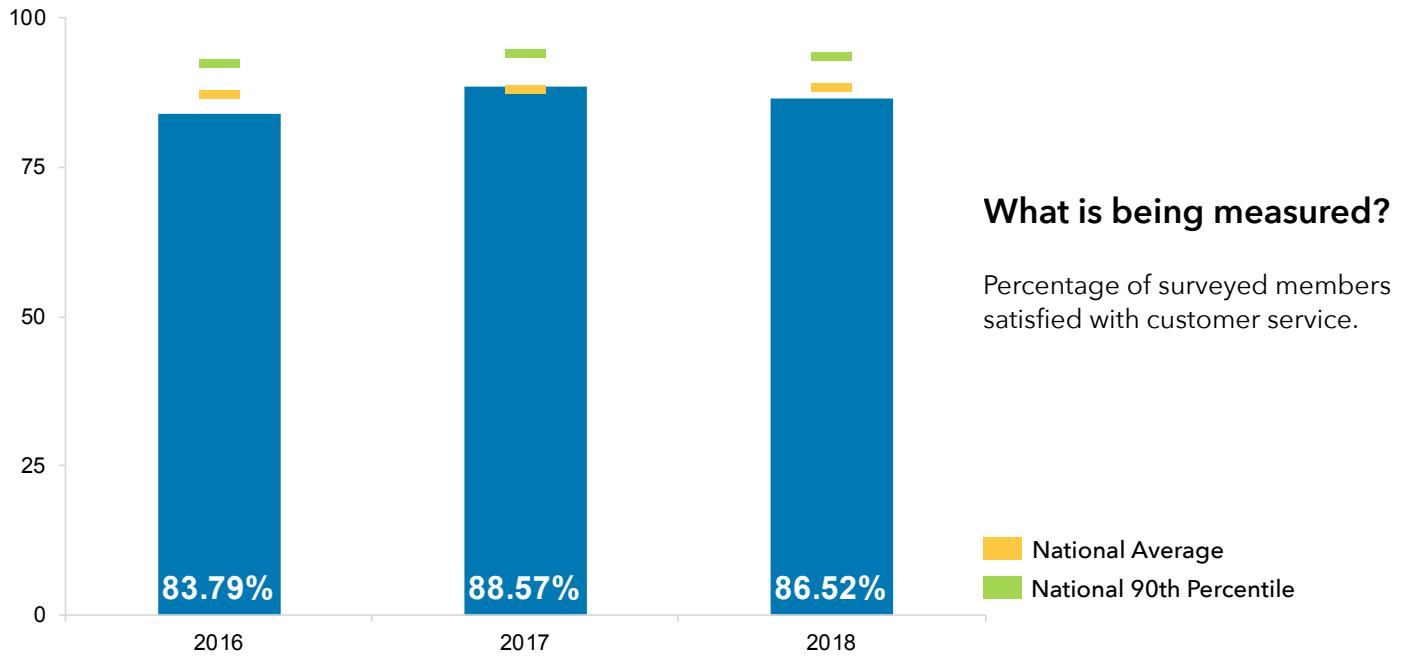
- Customer Service
- Rating of Health Plan
- Claims Processing
- Rating of Drug Plan

Care Experience

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

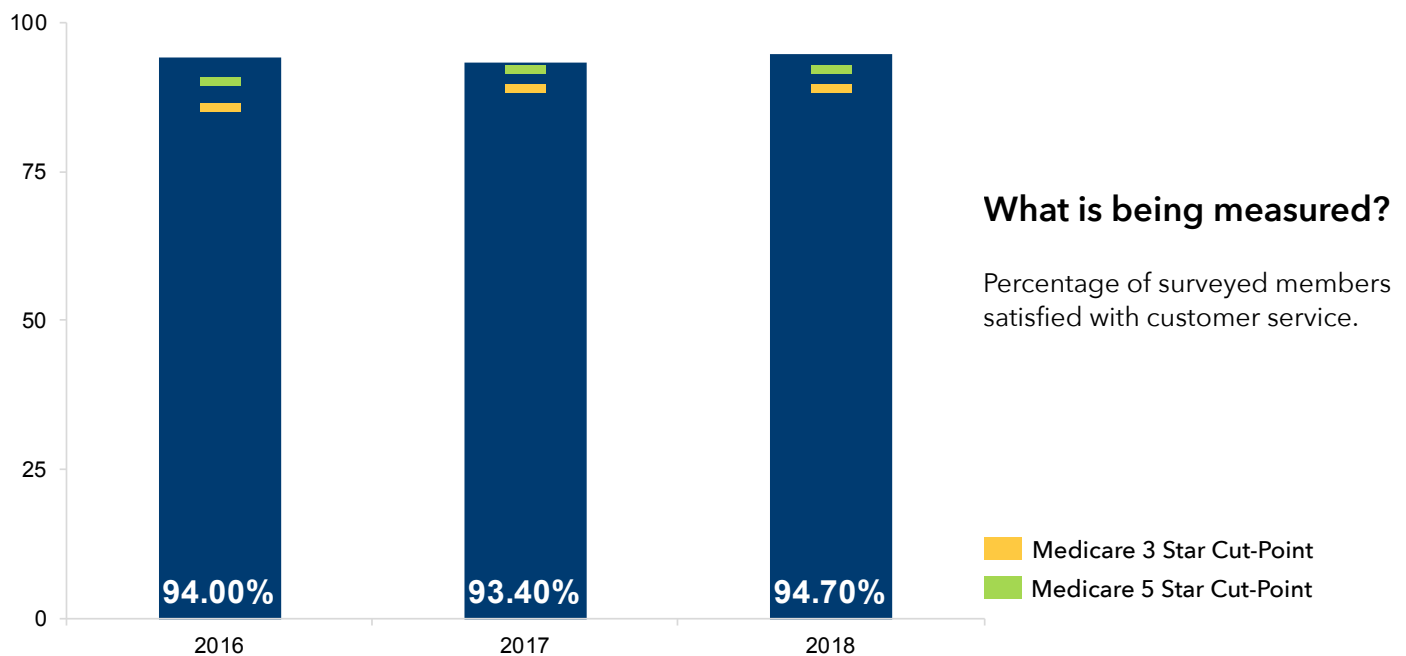
Customer Service

Commercial HMO



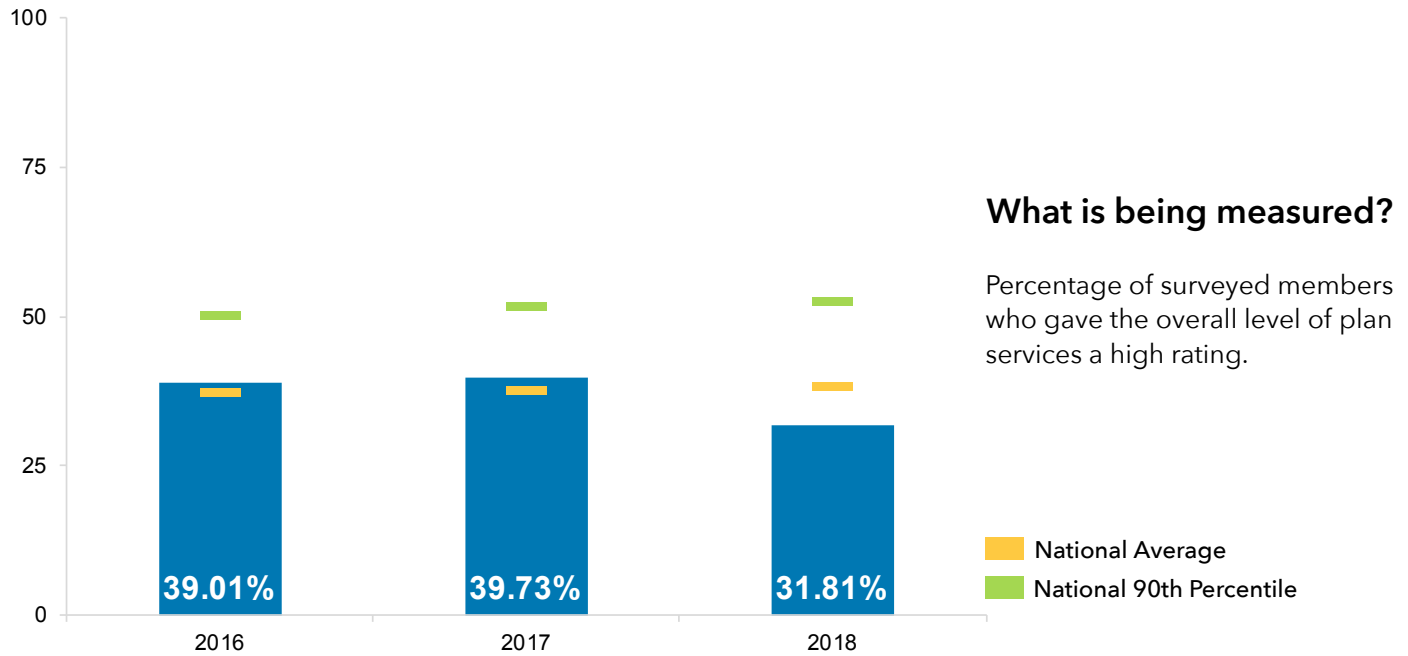
Customer Service

Medicare HMO



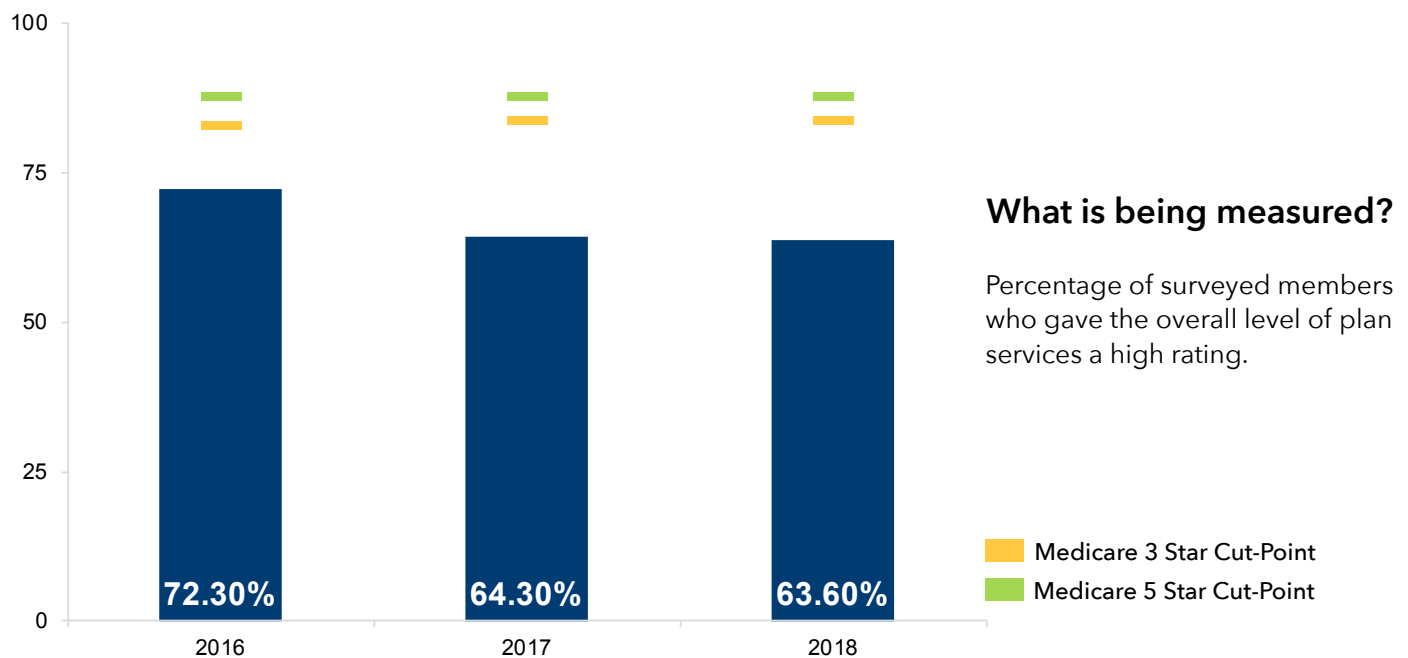
Rating of Health Plan

Commercial HMO



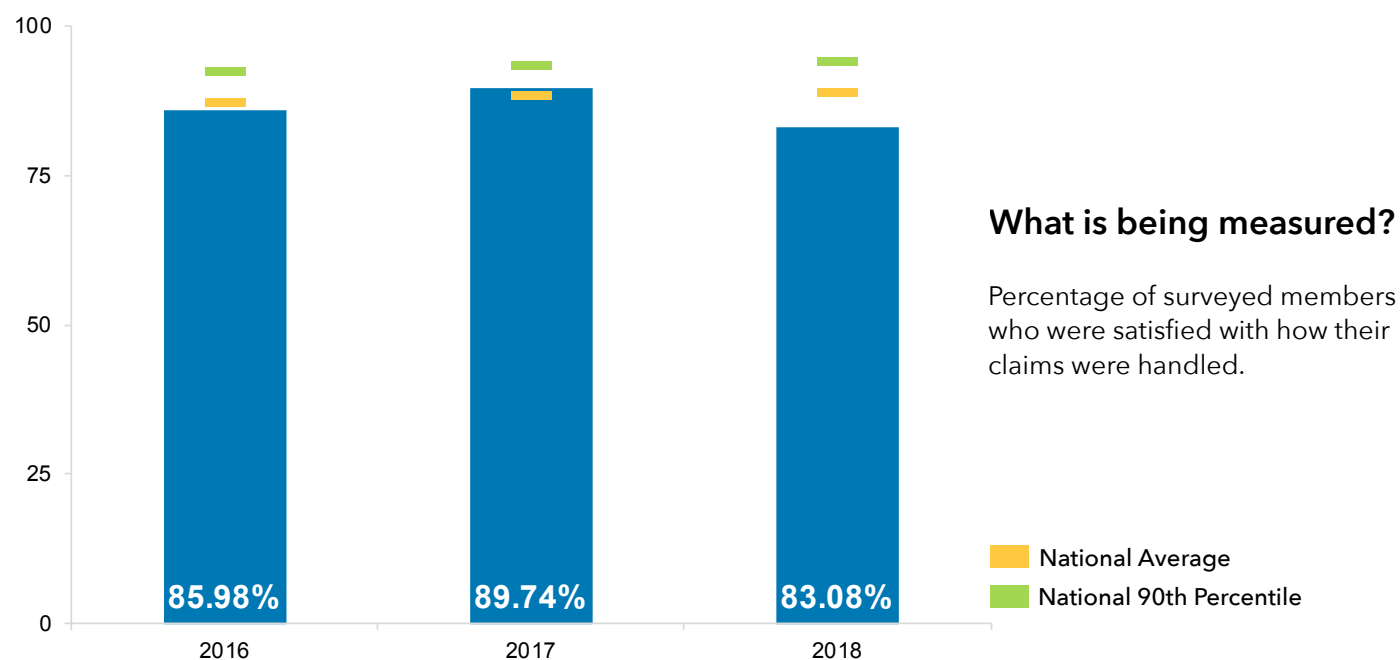
Rating of Health Plan

Medicare HMO



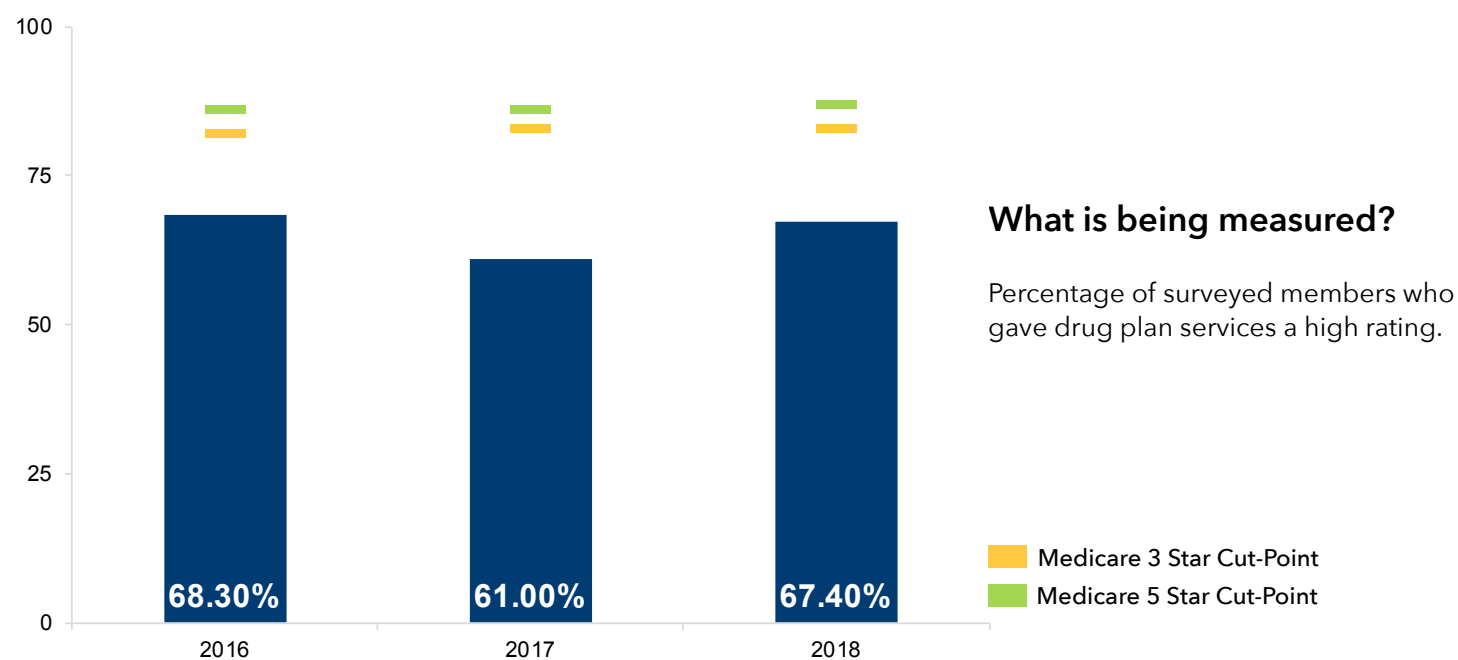
Claims Processing

Commercial HMO



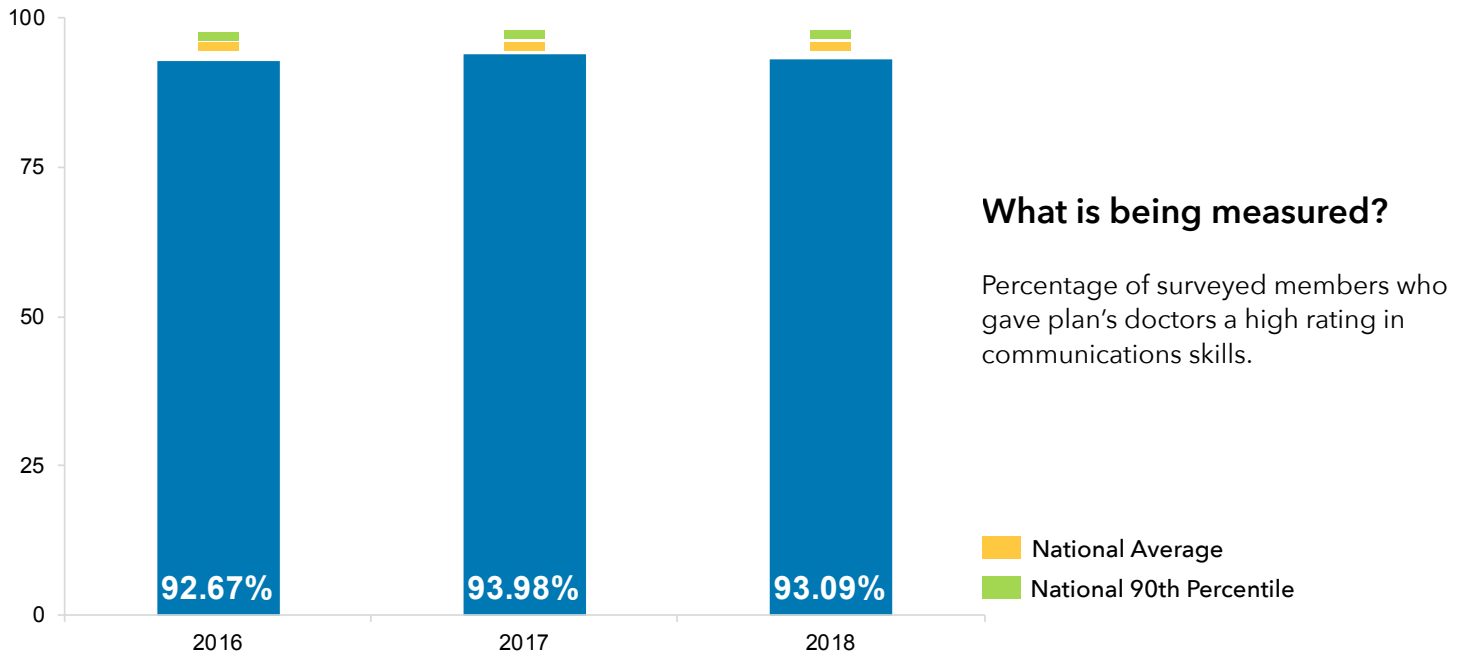
Rating of Drug Plan

Medicare HMO



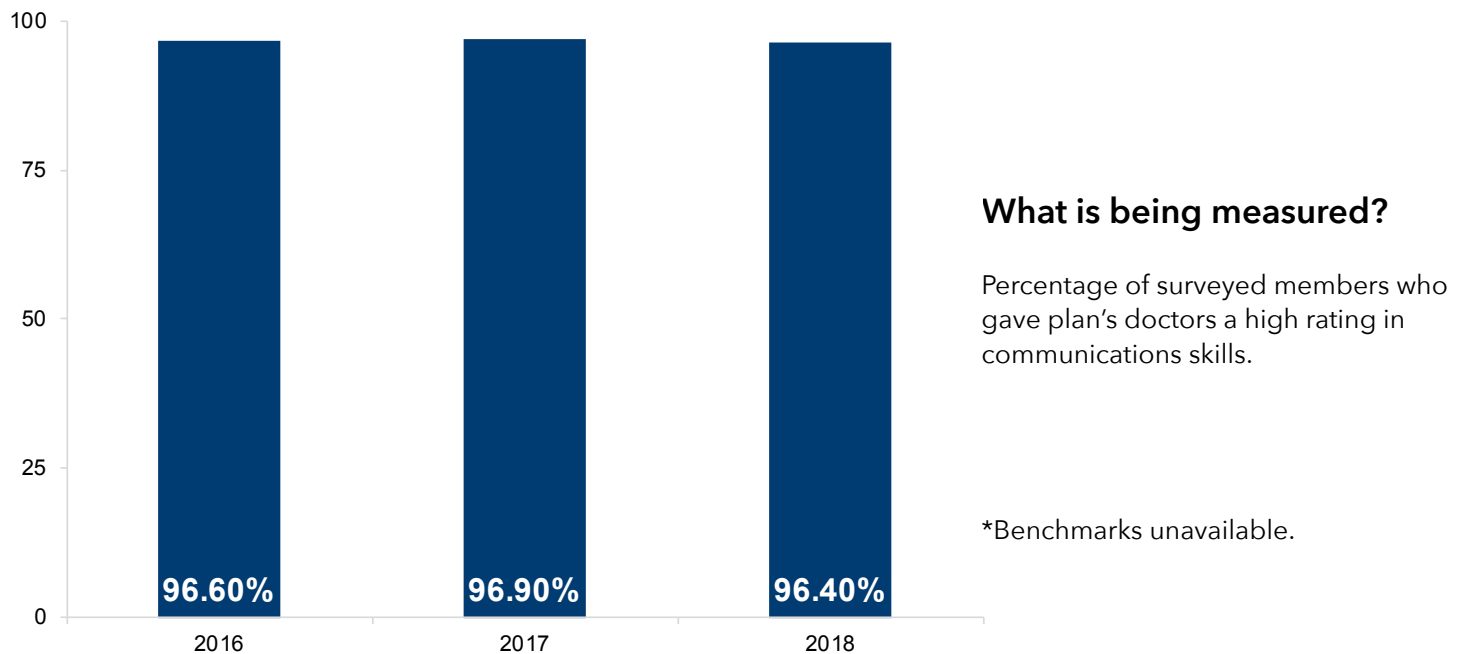
How Well Doctors Communicate

Commercial HMO



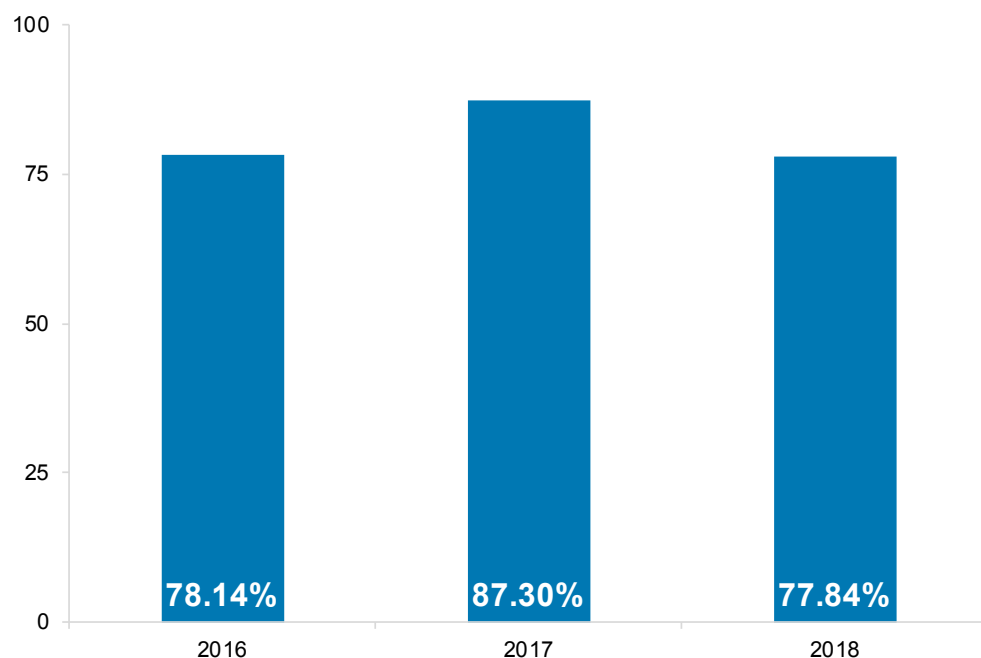
How Well Doctors Communicate*

Medicare HMO



Care Coordination*

Commercial HMO



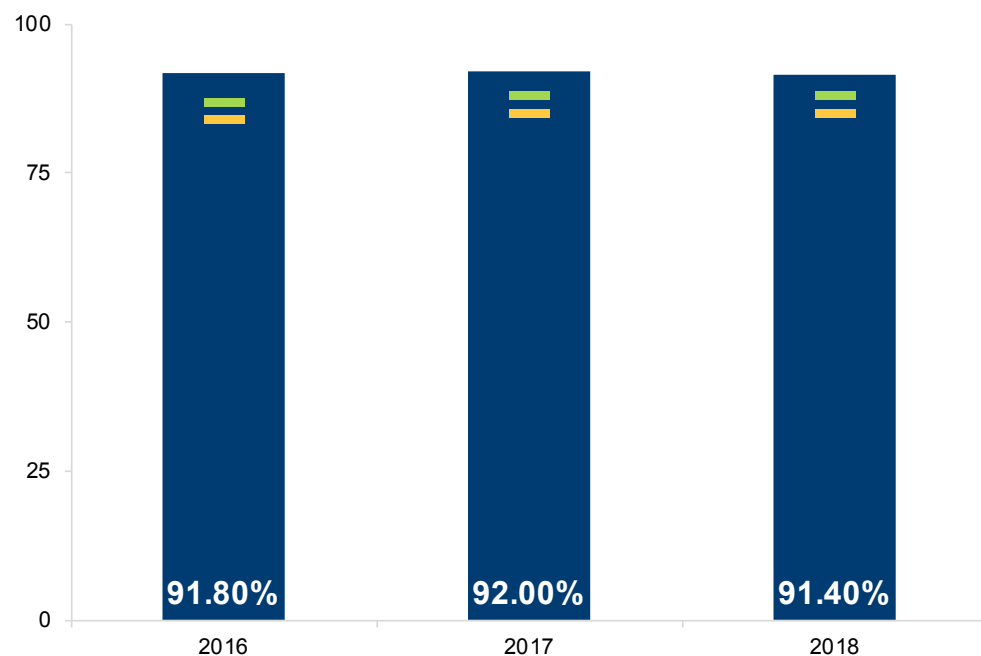
What is being measured?

Percentage of surveyed members who gave plan's doctors a high rating in care coordination.

*Benchmarks unavailable.

Care Coordination

Medicare HMO



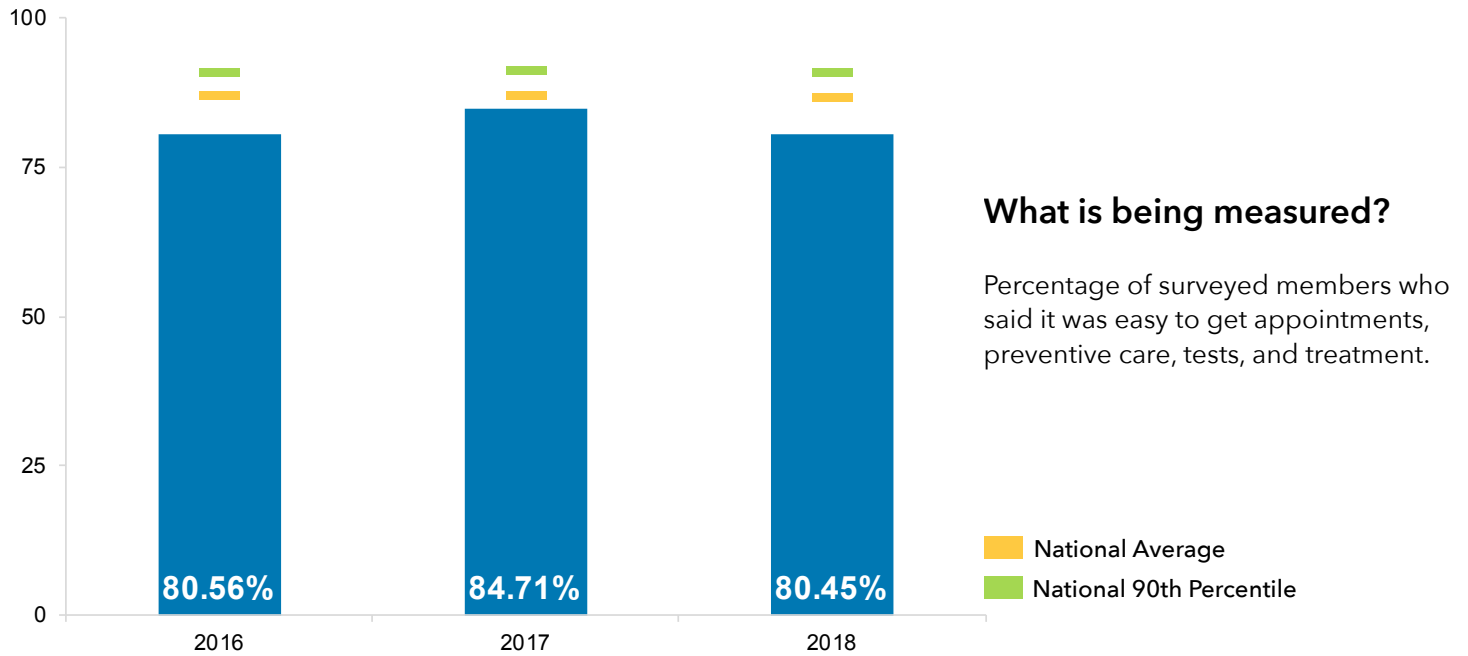
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Medicare 3 Star Cut-Point
Medicare 5 Star Cut-Point

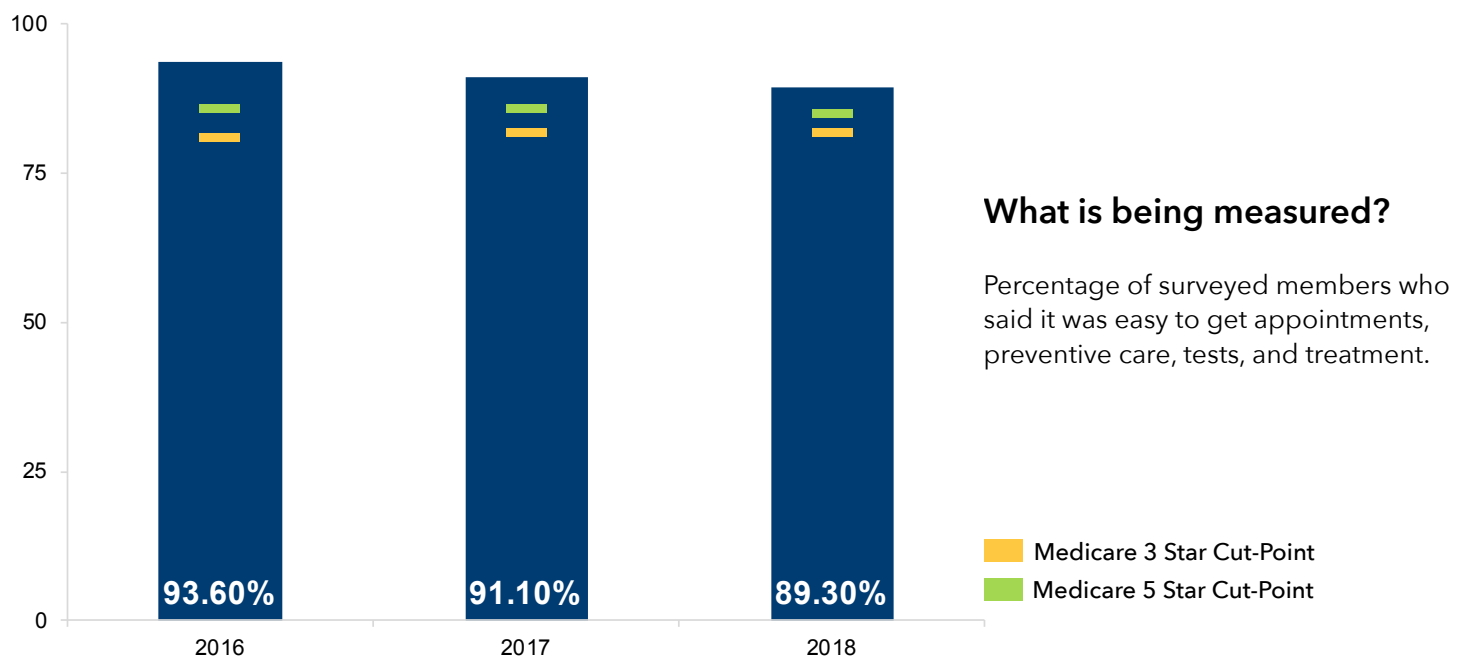
Getting Needed Care

Commercial HMO



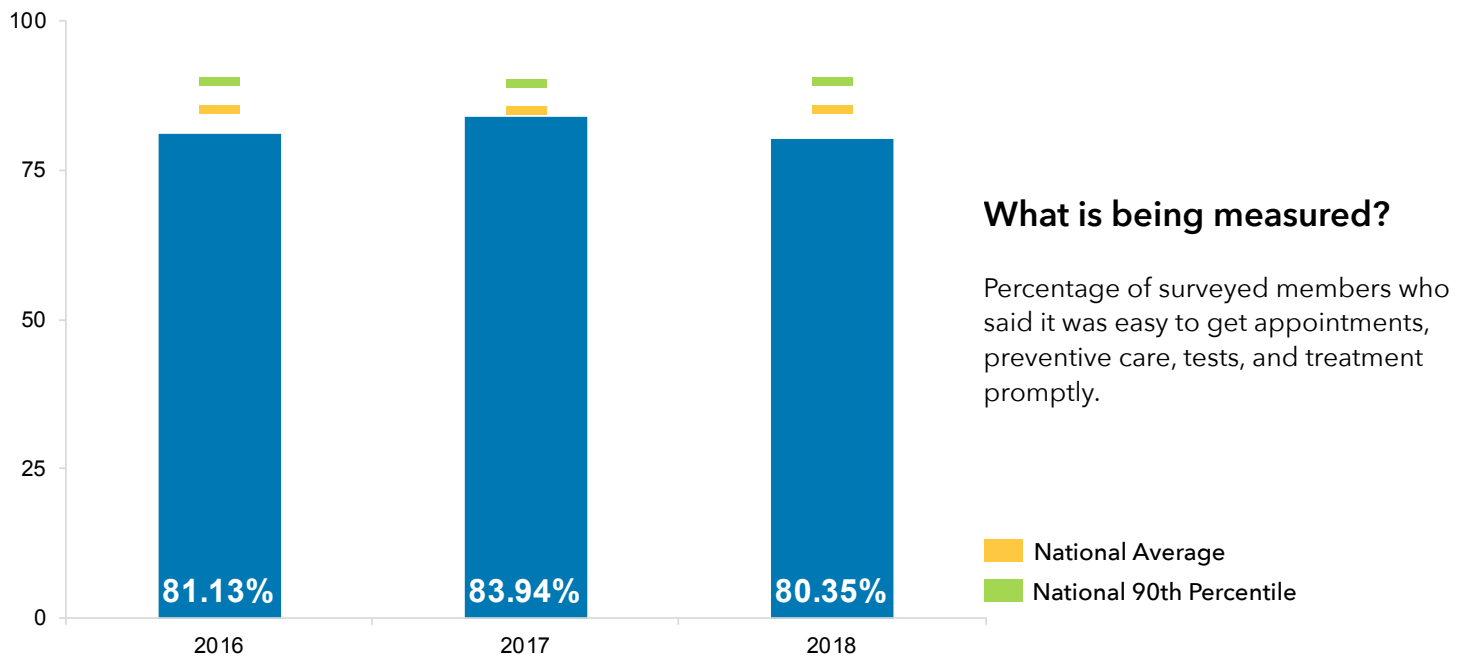
Getting Needed Care

Medicare HMO



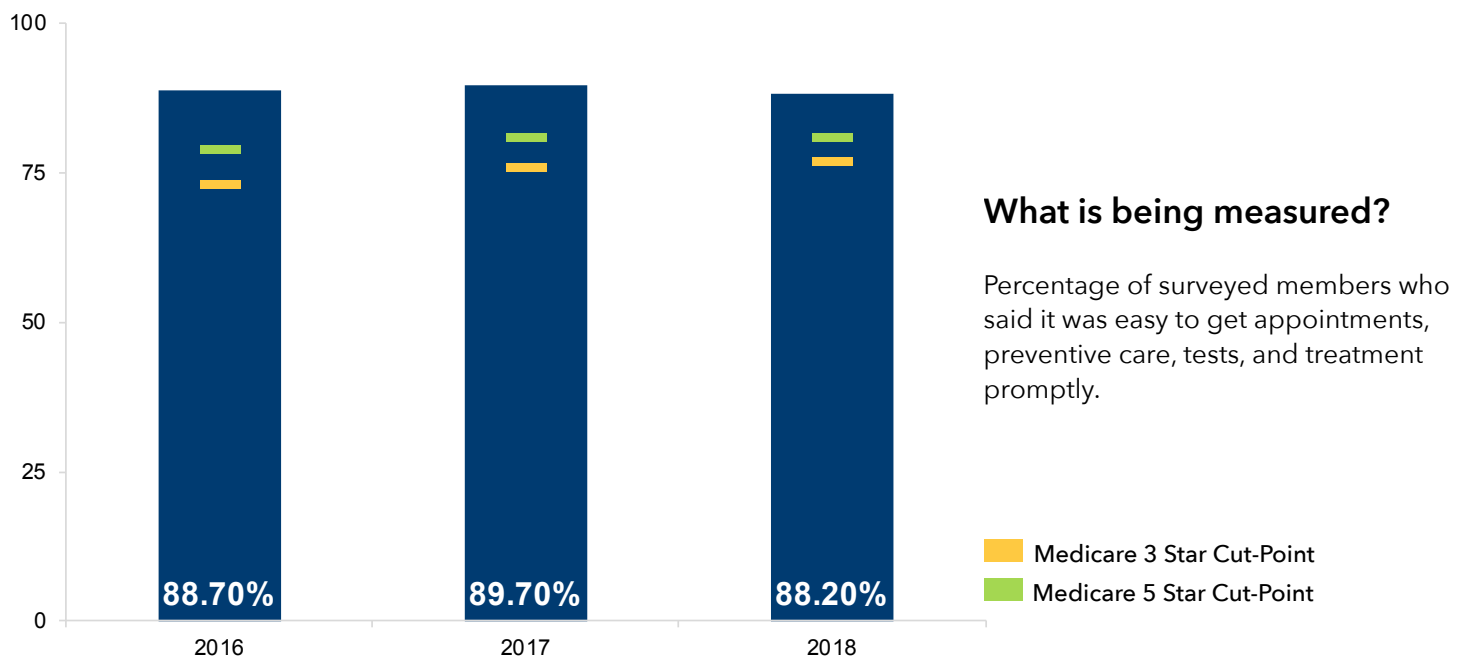
Getting Care Quickly

Commercial HMO



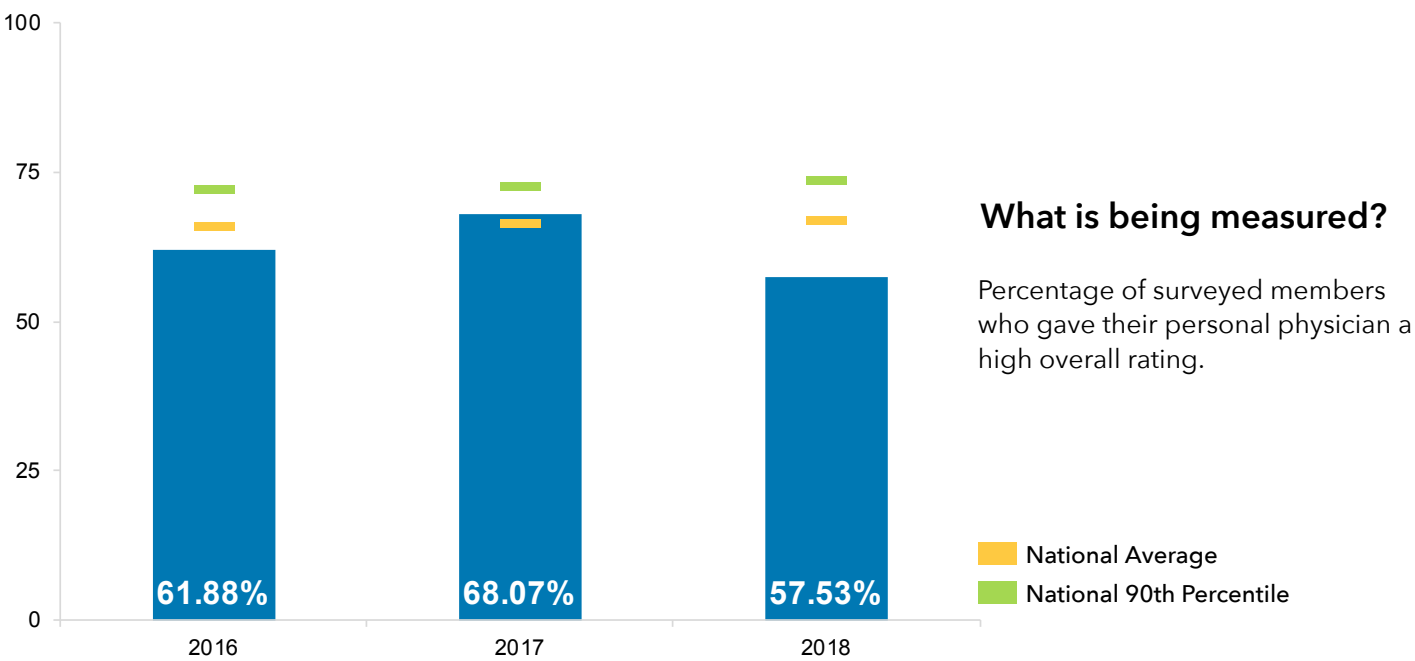
Getting Care Quickly

Medicare HMO



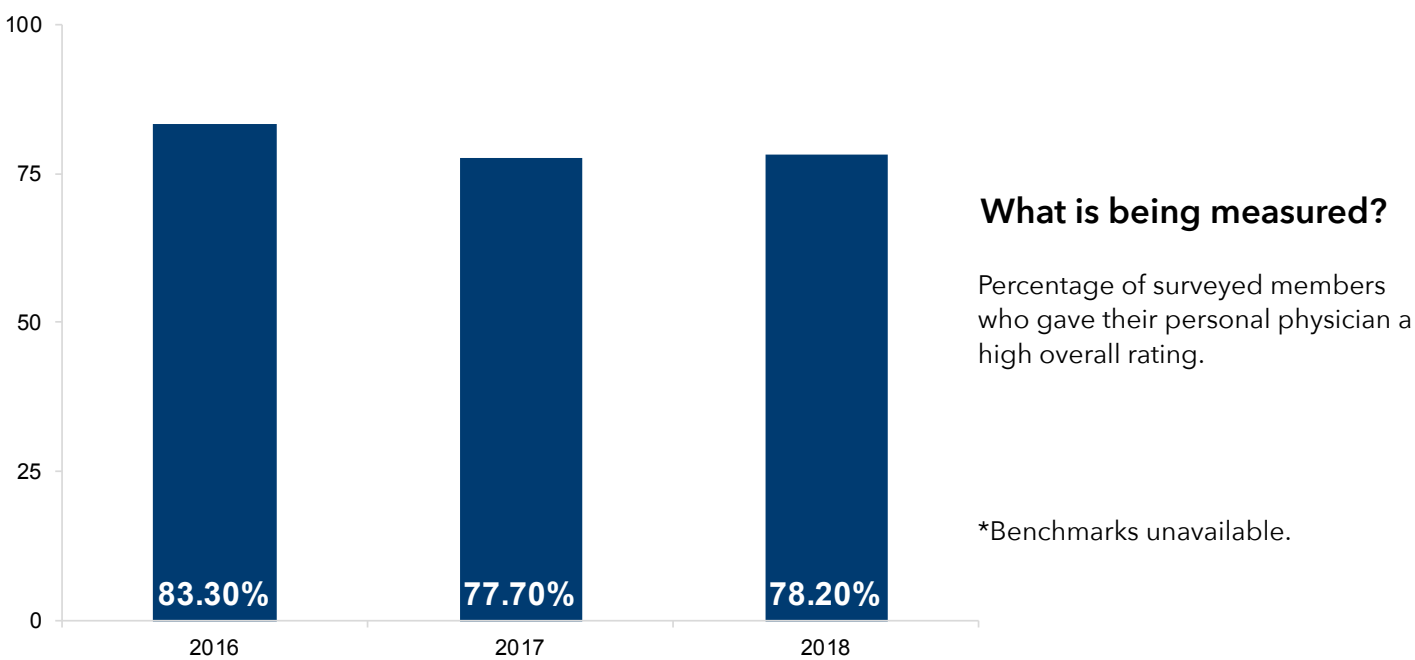
Rating of Personal Doctor

Commercial HMO



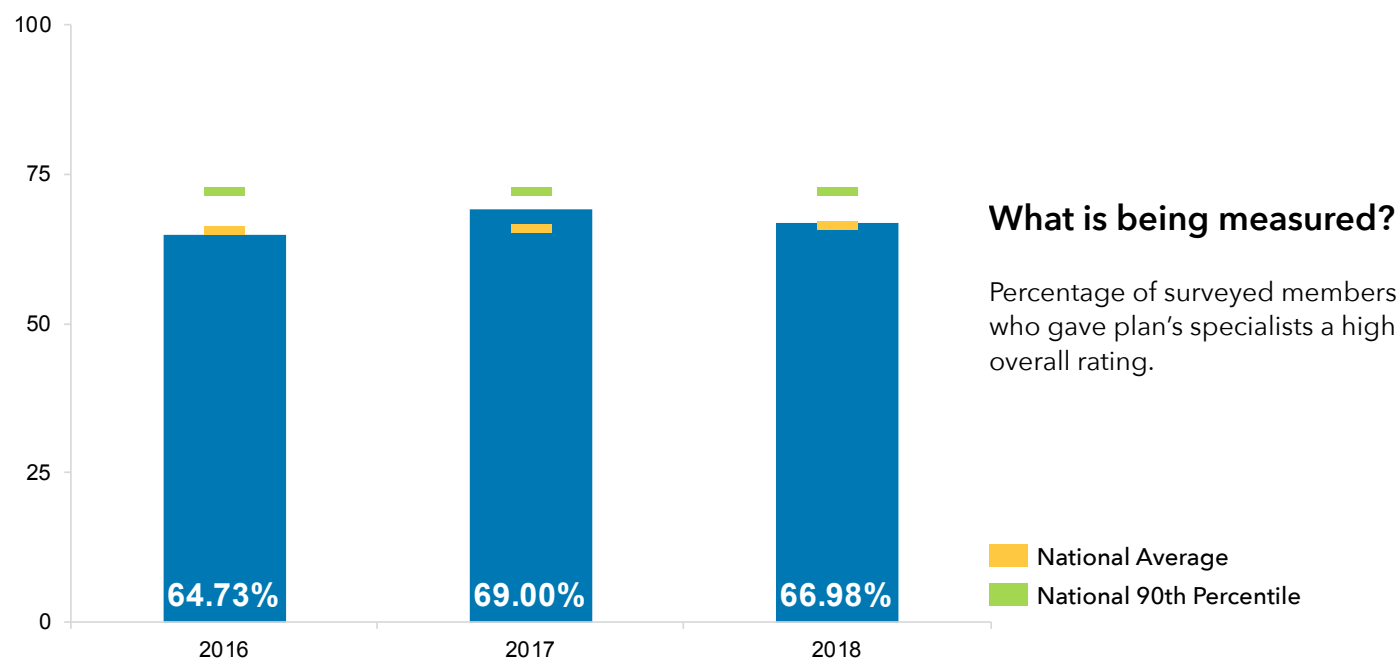
Rating of Personal Doctor*

Medicare HMO



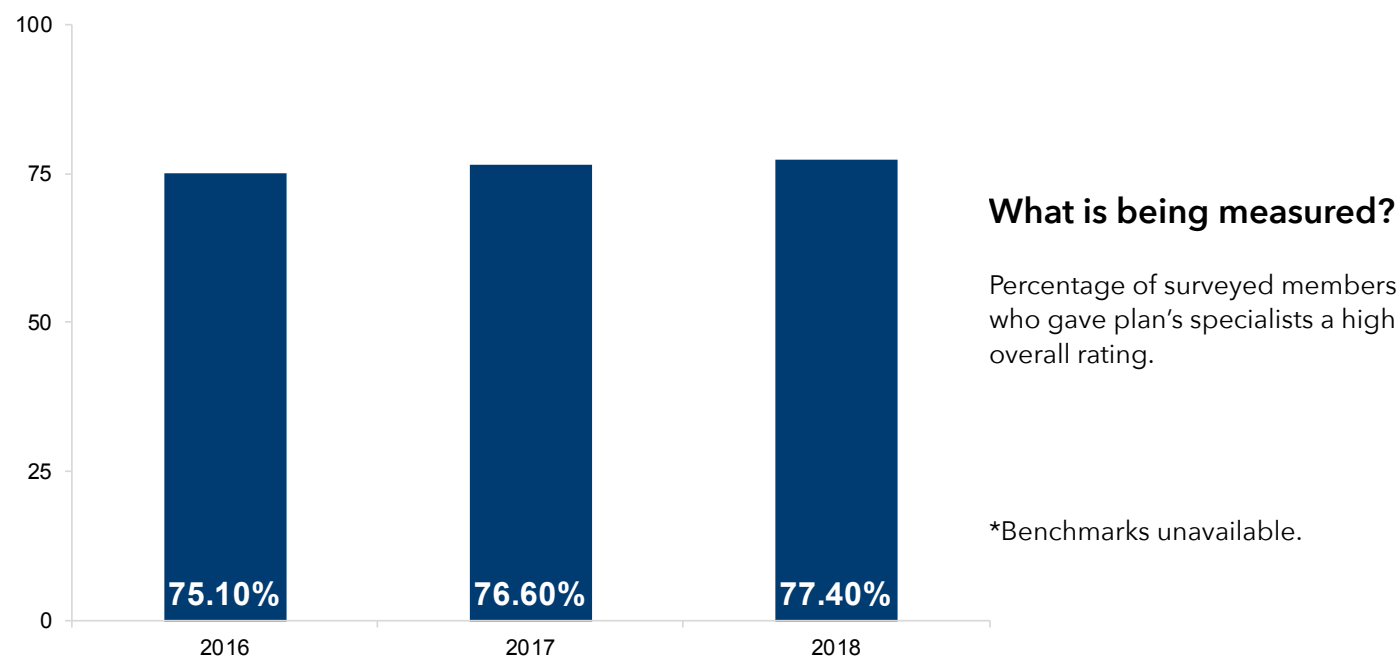
Rating of Specialist

Commercial HMO



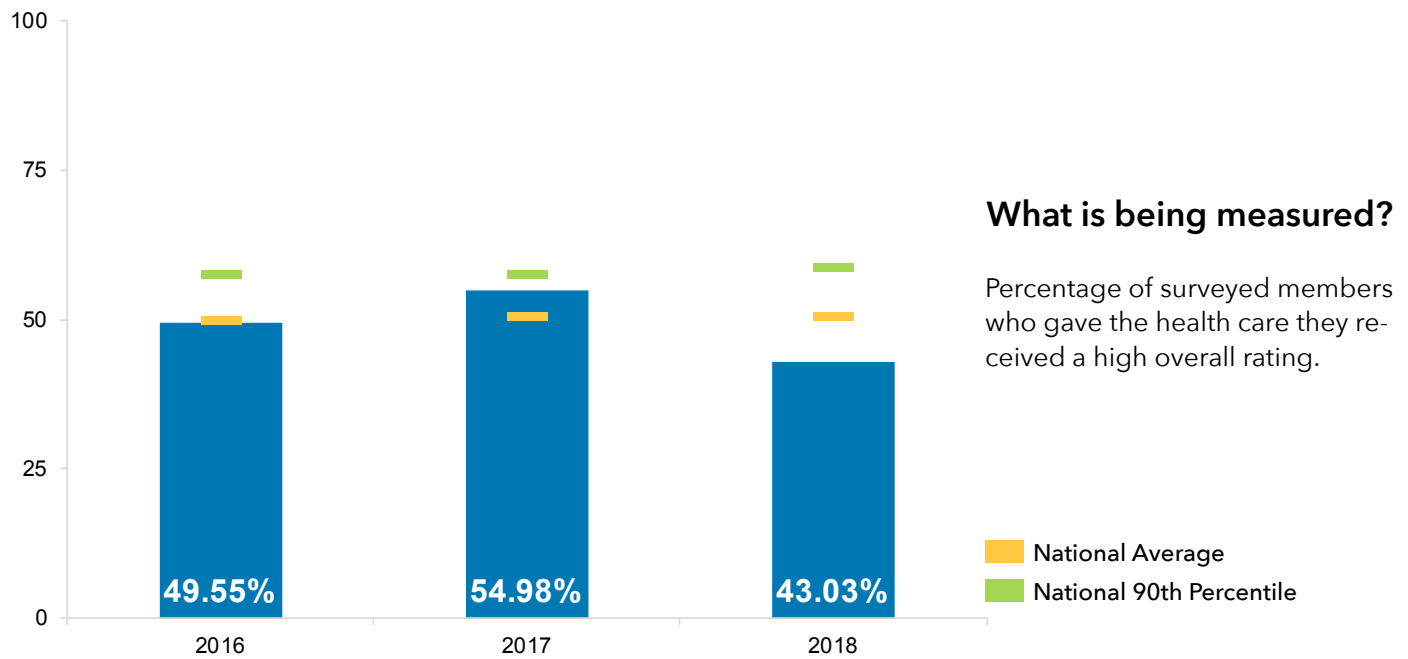
Rating of Specialist*

Medicare HMO



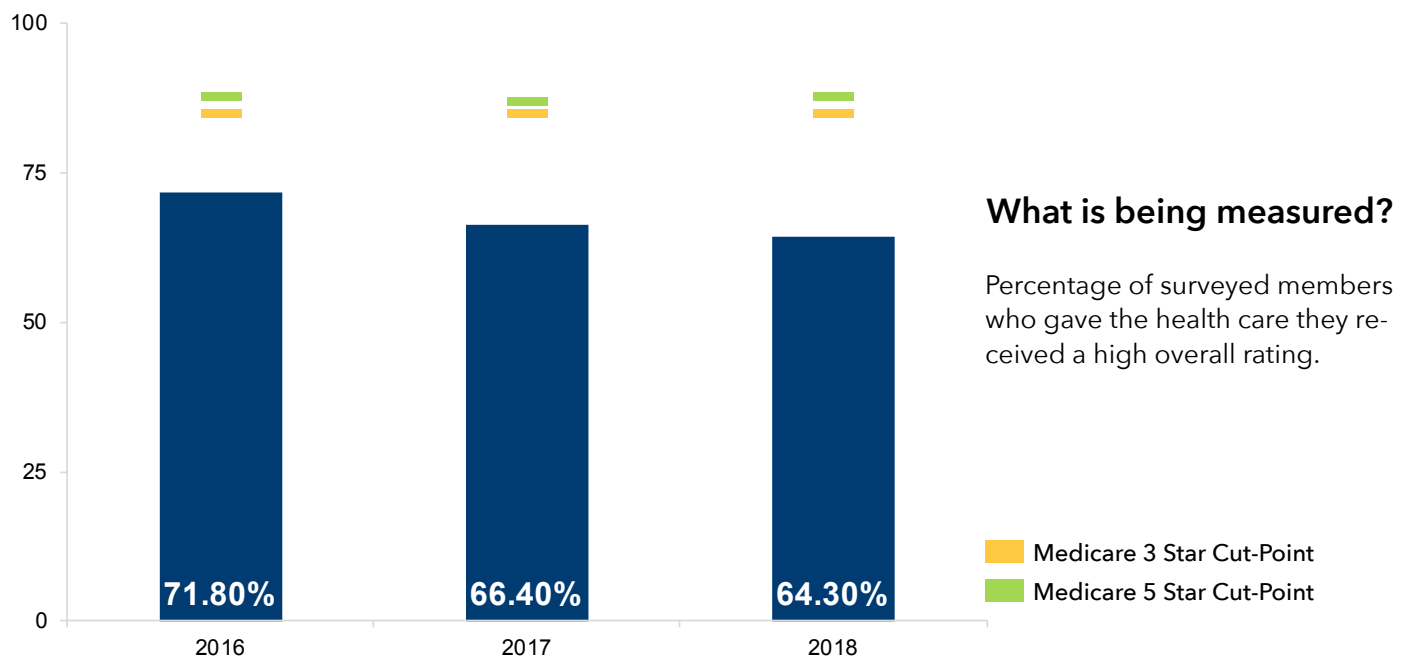
Rating of Health Care Quality

Commercial HMO



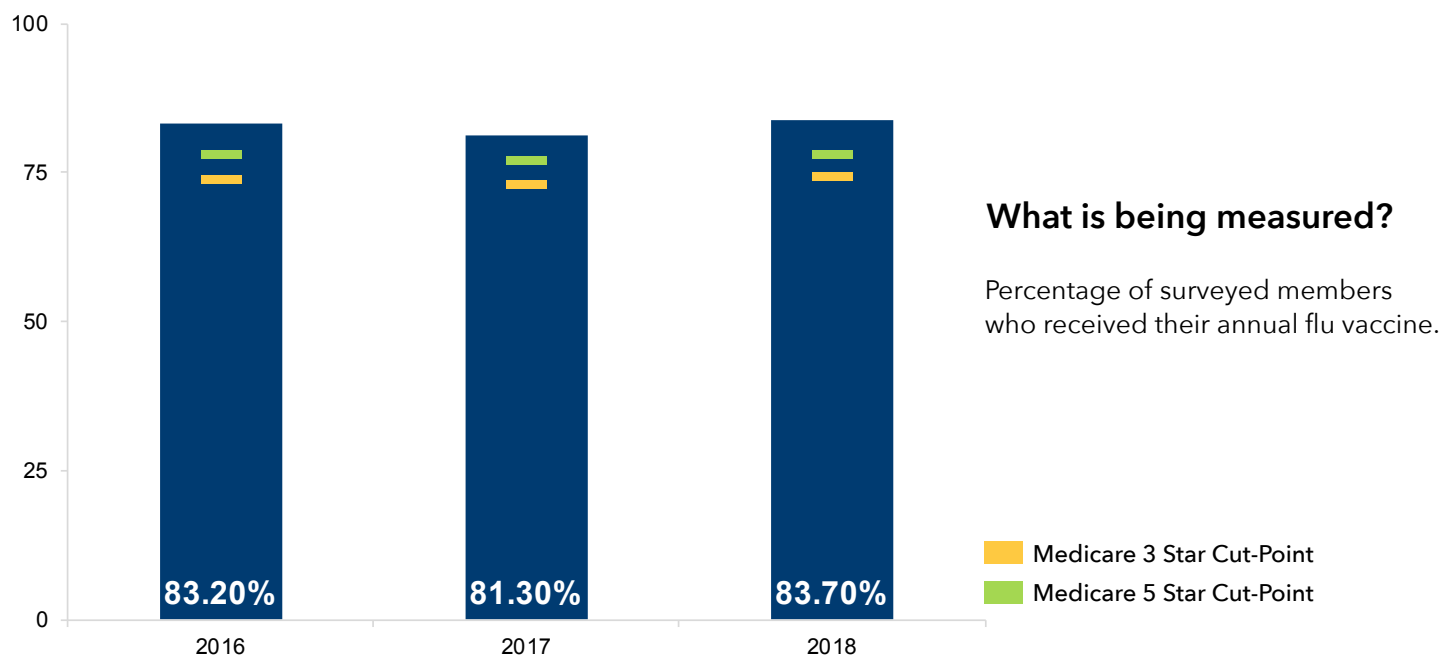
Rating of Health Care Quality

Medicare HMO



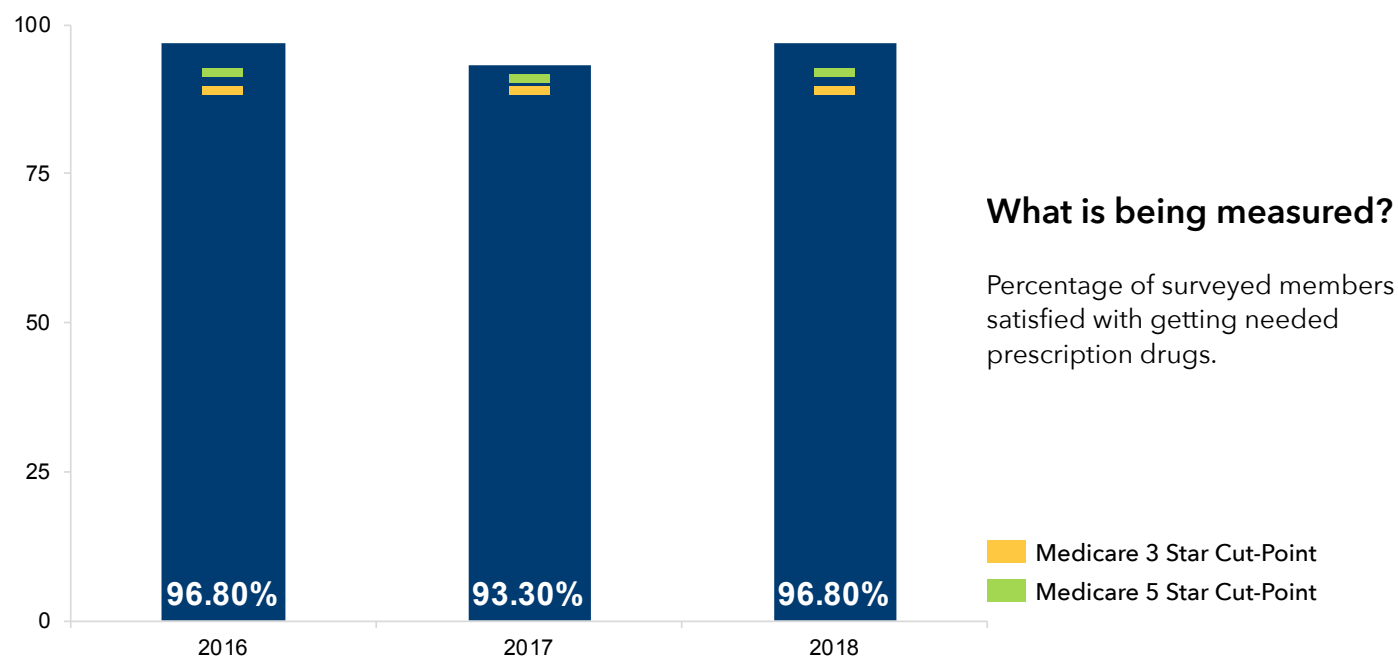
Annual Flu Vaccine

Medicare HMO



Getting Needed Prescription Drugs

Medicare HMO



Our Commitment to Your Experience

Here are some of the current initiatives happening at KPWA to improve both member and care experience:

Service Experience Journey

Kaiser Permanente developed the Nine Experience Standards by compiling feedback from members, patients and customers around their experience with KP, and their expectations from us. To ensure that the member remains front and center in our minds, the standards are organized under a framework that invokes our members' collective voice: Respect Me, Know Me, Guide Me.

The Service Experience Journey, or "Service Journey" is the KPWA specific, Nine Experience Standards learning event. Service Journey is an immersive and engaging learning event intentionally designed to shift and evolve how every KPWA employee thinks about service, and how they impact and contribute to it.

By current design, Service Journey is a total of six hours: three, two-hour workshops delivered in person in a cohort model of 30 employees maximum, per cohort. The event and sustainability plan is leader led and leader owned. Service Journey is not a training- but a shift in culture, changing how we think about Service.

Data Driven Quality & Reliability

Our Quality Team utilizes data to drive results and engage our employees in focused, effective solutions. Kaiser Permanente relies on evaluations through various methods such as the Press Ganey patient satisfaction survey and JD Power consumer studies to get more holistic and timely feedback. By leveraging these sources of information, we can help our teams zero in on advancements that will help create an unparalleled experience for our members.

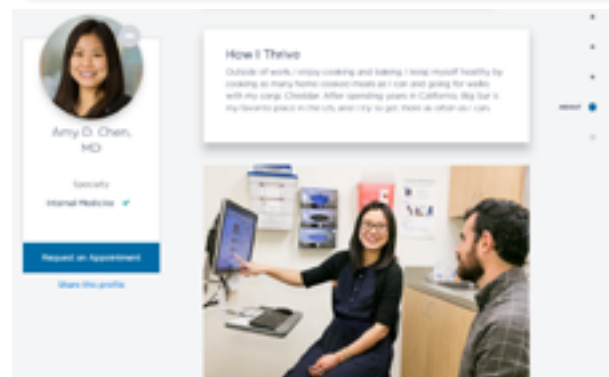
Of course, we recognize that enhancing our service also requires us to deliver this experience reliably. At Kaiser Permanente Washington, we constantly measure our performance utilizing this service

data to ensure we stay aligned with our member's expectations. We then provide this input to our employees to support continuous improvement and help maintain the highest quality of affordable care for our patients and the communities we serve.

Clinician Profile Pages

The Clinician Profiles are dynamic webpages showcase expertise and experience in a new, interactive way. These profiles include updated headshots, action photos with patients, videos and updated biographies that highlight "How I Thrive", "My Care Philosophy" and "I am..." tags.

These pages enable current and potential members to more easily find Washington Permanente Medical Group (WPMG) clinicians using public search platforms such as Google. These pages also help generate strong search capability and web presence for providers that can be leveraged as a key sales and member tool. With high quality websites becoming a minimum requirement in the healthcare industry, these Clinician Profiles help us meet those table stakes.



Our Commitment to Your Experience

Welcoming New Members

All new KPWA members receive a welcome call in the first 60 days of their enrollment. These calls are designed to help new members with questions about appointment scheduling, transitioning care and pharmacy, and registration for online services, and are performed by specially trained staff from Member Services. This function is one of many in KPWA's Consumer Experience team, which also encompasses Appeals & Grievances, New Member Welcome, Member Correspondence, and more.

As a whole, the different sectors of the Consumer Experience team continuously work together to help members understand their benefits, costs, and how to access care. While Consumer Experience analysts focus on examining what drives appeals and grievances, and ways to enhance member visits and member retention, leaders in Member Services, Claims, Pre-Service, and Appeals & Grievances then meet on a monthly basis to review complaints, assess trends and improvement opportunities, and propose strategies to reduce member effort and increase member satisfaction.

In 2018, Member Services & New Member Welcome staff completed comprehensive training focused on transforming the member/patient experience and service culture. KPWA continues to coach and monitor for a service experience that is personalized, engaging, accurate, and focused on resolving issues and concerns in a single interaction. Information such as statistics on repeat callers, for example, has since been used to determine first contact resolution, anticipate member needs, and reduce the need for members to callback.

This year, the Consumer Experience team will be working on quicker reimbursement. By collaborating with the claims team, KPWA will find ways to process member reimbursement claims in a more timely manner, with the same high level of accuracy. More emphasis will also be placed on member-facing call centers to ensure targets around the service level (speed at which calls are answered) and level of service (service skills) consistently exceed expectations.

Members can find out more about New Member Welcome by visiting our website or contacting Member Experience at 206-630-0029 or 1-888-844-4607.



National Committee for Quality Assurance 2018-2019 Private Health Insurance Plan Ratings

Kaiser Permanente Washington's commercial HMO health insurance plan was rated 4.0 out of 5.0 on the National Committee for Quality Assurance (NCQA) 2018-2019 Private Health Insurance Plan Ratings and has maintained this rating since 2015 based on performance in quality of care and member experience measures. Kaiser Permanente Washington's commercial PPO health insurance plan was rated 3.5 out of 5.0.

Centers for Medicaid and Medicare Services 2019 Medicare Star Ratings

The Centers for Medicaid and Medicare Services (CMS) awarded Kaiser Permanente Washington's Medicare Advantage HMO plan 4.5 out of 5.0 stars for the 2019 Medicare Star Ratings based on performance in quality of care, member experience, and health plan and pharmacy operations processes. This rating places Kaiser Permanente Washington among the top Medicare Advantage plans in Washington State and among the top 25% of Medicare Advantage plans in the country.

Washington Health Benefit Exchange 2019 Quality Rating System

Kaiser Permanente Washington's Marketplace HMO health insurance plan was rated 4.0 out of 5.0 on the Washington Health Benefit Exchange (WAHBE) 2019 Quality Rating System based on clinical quality management, enrollee experience, and plan efficiency, affordability, and management, making it one of the top-rated Marketplace plans in Washington state.

National Alliance of Health Care Purchasers eValue8™ Survey

Kaiser Foundation Health Plan of Washington's commercial HMO was rated the top-performing high plan in the nation in the most recent biyearly National Alliance of Health Care Purchasers eValue8™ Survey. The survey is an evidence-based resource created by business coalitions and employers to measure and evaluate health plan cost, quality, and performance.™

Washington Health Alliance 2018 Community Checkup

Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C., has consistently been ranked as one of the top-performing medical group in Washington State based on measures of quality and efficiency of care, according to Washington Health Alliance's (WHA) 2018 Community Checkup. WHA also rated Kaiser Permanente Washington and Kaiser Permanente Washington Options among the best commercial health plans in Washington state.

NCQA Patient-Centered Medical Home Program

In 2017, all Kaiser Permanente Washington Medical Centers were recognized by the National Committee for Quality Assurance (NCQA) at the highest level of recognition (Level 3) in the Patient-Centered Medical Home (PCMH) Program, which demonstrates the use of systematic, patient-centered, coordinated care that supports access, communication, and patient involvement.

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Please contact KPWA.Quality@kp.org for full list of reference citations.