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<tr>
<td>Accolades</td>
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</table>
The word “quality” is thrown around loosely in health care marketing, with everyone touting “high quality” without qualifying what that means.

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 asses 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 74 for more.
How do I read this report?

The 2019 measures shown in this report reflect KPWA’s performance for the 2018 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 2019 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

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<thead>
<tr>
<th></th>
<th>Commercial HMO Rate</th>
<th>National Average</th>
<th>Comparison to Average</th>
<th>Medicare HMO Rate</th>
<th>National Average</th>
<th>Comparison to Average</th>
</tr>
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<tbody>
<tr>
<td><strong>Childhood Immunization Status - Combo 10</strong></td>
<td>64.7%</td>
<td>52.3%</td>
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<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Immunizations for Adolescents - Combo 1</strong></td>
<td>89.1%</td>
<td>78.9%</td>
<td>▲</td>
<td>N/A</td>
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<tr>
<td><strong>Children and Adolescents’ Access To PCP</strong></td>
<td>90.1%</td>
<td>92.3%</td>
<td>▼</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Colorectal Cancer Screening</strong></td>
<td>68.1%</td>
<td>62.1%</td>
<td>▲</td>
<td>87.0%</td>
<td>72.1%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Breast Cancer Screening</strong></td>
<td>75.5%</td>
<td>72.0%</td>
<td>▲</td>
<td>83.3%</td>
<td>73.4%</td>
<td>▲</td>
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<tr>
<td><strong>Cervical Cancer Screening</strong></td>
<td>78.7%</td>
<td>74.3%</td>
<td>▲</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Timeliness of Prenatal Care</strong></td>
<td>95.8%</td>
<td>82.1%</td>
<td>▲</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Postpartum Care</strong></td>
<td>82.5%</td>
<td>72.5%</td>
<td>▲</td>
<td>N/A</td>
<td>N/A</td>
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### Treatment

<table>
<thead>
<tr>
<th></th>
<th>Commercial HMO Rate</th>
<th>National Average</th>
<th>Comparison to Average</th>
<th>Medicare HMO Rate</th>
<th>National Average</th>
<th>Comparison to Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appropriate Testing for Children With Pharyngitis</strong></td>
<td>87.5%</td>
<td>86.8%</td>
<td>▲</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Appropriate Treatment for Children With Upper Respiratory Infection</strong></td>
<td>96.9%</td>
<td>90.1%</td>
<td>▲</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Well-Child Visits in the first 15 Months of Life</strong></td>
<td>74.1%</td>
<td>79.5%</td>
<td>▼</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</strong></td>
<td>73.5%</td>
<td>77.4%</td>
<td>▼</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Adolescent Well-Care Visits</strong></td>
<td>38.8%</td>
<td>48.5%</td>
<td>▼</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Asthma Medication Ratio</strong></td>
<td>79.8%</td>
<td>80.1%</td>
<td>▼</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Diabetic Care: HbA1c Testing</strong></td>
<td>92.2%</td>
<td>90.7%</td>
<td>▲</td>
<td>96.9%</td>
<td>94.3%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Diabetic Care: Poor HbA1c Control (lower rate is better)</strong></td>
<td>25.6%</td>
<td>34.2%</td>
<td>▲</td>
<td>13.1%</td>
<td>21.9%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Diabetic Care: Medical Attention for Nephropathy</strong></td>
<td>93.5%</td>
<td>89.4%</td>
<td>▲</td>
<td>97.8%</td>
<td>95.4%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Diabetic Care: Eye Exams</strong></td>
<td>80.3%</td>
<td>52.6%</td>
<td>▲</td>
<td>88.5%</td>
<td>73.8%</td>
<td>▲</td>
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<tr>
<td><strong>Diabetic Care: Blood Pressure Control</strong></td>
<td>79.3%</td>
<td>54.7%</td>
<td>▲</td>
<td>81.0%</td>
<td>69.5%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Diabetic Care: Statin Therapy Received</strong></td>
<td>70.5%</td>
<td>60.8%</td>
<td>▲</td>
<td>78.3%</td>
<td>71.7%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Heart Care: Controlling High Blood Pressure</strong></td>
<td>79.0%</td>
<td>58.5%</td>
<td>▲</td>
<td>86.0%</td>
<td>71.1%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Heart Care: Statin Therapy Received</strong></td>
<td>70.6%</td>
<td>61.9%</td>
<td>▲</td>
<td>82.2%</td>
<td>73.7%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Antidepressant Medication Management - Acute</strong></td>
<td>73.9%</td>
<td>69.2%</td>
<td>▲</td>
<td>79.7%</td>
<td>72.8%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Antidepressant Medication Management - Continuation</strong></td>
<td>56.2%</td>
<td>53.3%</td>
<td>▲</td>
<td>64.3%</td>
<td>57.2%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Follow Up After Hospitalization For Mental Illness - 7 days</strong></td>
<td>66.2%</td>
<td>44.2%</td>
<td>▲</td>
<td>57.4%</td>
<td>27.6%</td>
<td>▲</td>
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<tr>
<td><strong>Follow Up After Hospitalization For Mental Illness - 30 days</strong></td>
<td>82.0%</td>
<td>65.6%</td>
<td>▲</td>
<td>75.2%</td>
<td>48.3%</td>
<td>▲</td>
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<tr>
<td><strong>Plan All-Cause Readmissions (lower rate is better)</strong></td>
<td>0.52</td>
<td>0.71</td>
<td>▲</td>
<td>0.52</td>
<td>0.71</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Osteoporosis Management</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>58.8%</td>
<td>47.4%</td>
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<tr>
<td><strong>Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</strong></td>
<td>91.6%</td>
<td>87.4%</td>
<td>▲</td>
<td>88.4%</td>
<td>78.5%</td>
<td>▲</td>
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<tr>
<td><strong>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</strong></td>
<td>55.9%</td>
<td>33.7%</td>
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<td>N/A</td>
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<td><strong>Use of Imaging Studies for Low Back Pain</strong></td>
<td>84.2%</td>
<td>76.0%</td>
<td>▲</td>
<td>N/A</td>
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<td><strong>Medication Reconciliation Post-Discharge</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>84.7%</td>
<td>61.3%</td>
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### Experience

<table>
<thead>
<tr>
<th></th>
<th>Commercial HMO Rate</th>
<th>National Average</th>
<th>Comparison to Average</th>
<th>Medicare HMO Rate</th>
<th>National Average</th>
<th>Comparison to Average</th>
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<tbody>
<tr>
<td><strong>Customer Service Composite</strong></td>
<td>78.6%</td>
<td>89.3%</td>
<td>▼</td>
<td>90.0%</td>
<td>89.0%</td>
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<tr>
<td><strong>Rating of Health Plan</strong></td>
<td>30.4%</td>
<td>40.4%</td>
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<td>85.0%</td>
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<td><strong>Claims Processing Composite</strong></td>
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<td><strong>Rating of Drug Plan</strong></td>
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<td>N/A</td>
<td>86.0%</td>
<td>84.0%</td>
<td>▲</td>
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<tr>
<td><strong>How Well Doctors Communicate Composite</strong></td>
<td>92.5%</td>
<td>95.4%</td>
<td>▼</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Care Coordination Composite</strong></td>
<td>76.3%</td>
<td>N/A</td>
<td>N/A</td>
<td>87.0%</td>
<td>85.0%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Getting Needed Care Composite</strong></td>
<td>76.1%</td>
<td>86.5%</td>
<td>▼</td>
<td>81.0%</td>
<td>82.0%</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Getting Care Quickly Composite</strong></td>
<td>75.6%</td>
<td>85.2%</td>
<td>▼</td>
<td>80.0%</td>
<td>76.0%</td>
<td>▲</td>
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<tr>
<td><strong>Rating of Personal Doctor</strong></td>
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<td>67.8%</td>
<td>▼</td>
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<td>N/A</td>
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<td><strong>Rating of Specialist Seen Most Often</strong></td>
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<td>66.6%</td>
<td>▼</td>
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<td>N/A</td>
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<td><strong>Rating of All Health Care</strong></td>
<td>40.3%</td>
<td>51.9%</td>
<td>▼</td>
<td>87.0%</td>
<td>85.0%</td>
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<tr>
<td><strong>Annual Flu Vaccine</strong></td>
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<td>N/A</td>
<td>86.0%</td>
<td>70.0%</td>
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<tr>
<td><strong>Getting Needed Prescription Drugs Composite</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>92.0%</td>
<td>89.0%</td>
<td>▲</td>
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</table>
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
Preventive Care

Childhood Immunization Status (Combination 10)
Commercial HMO

What is being measured?
The percentage of children 2 years of age who 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); 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.¹² 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
Preventive Care

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. 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.
**Preventive Care**

### Children and Adolescents’ Access to Primary Care Providers

**Commercial HMO**

<table>
<thead>
<tr>
<th>Year</th>
<th>National 90th Percentile</th>
<th>National Average</th>
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<tbody>
<tr>
<td>2017</td>
<td>89.95%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>89.88%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>90.10%</td>
<td></td>
</tr>
</tbody>
</table>

* 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. 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. 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?
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. 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.
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.\textsuperscript{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.\textsuperscript{10}
Preventive Care

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. 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.
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. Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable.
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. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that a woman with an uncomplicated pregnancy be examined at least once in the first trimester for prenatal care and approximately 4-6 weeks after delivery for postpartum care. 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

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

Although many women experience uncomplicated pregnancies, 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 at least once in the first trimester for prenatal care and approximately 4-6 weeks after delivery for postpartum care. 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.
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.

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**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 565-565-5555 or you may send me a secure message through our secure member site at kp.org/whm.

**Due now or due soon**

- 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/whm or call my office at 565-565-5555. If you are on a special schedule, please follow that schedule. Last screening was 08/11/2016.

**Due in 1-2 years**

- 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). Should be done before your due date by calling Eye Care Services at 1-800-996-9225. Last test was on 08/28/2018.

- 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/whm or call my office at 565-565-5555. If you are on a special schedule, please follow that schedule. Last screening was 08/11/2016.

**Due in 5-12 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/whm. Call my office at 565-565-5555 or go to any Kaiser Permanente lab. Last stool test was on 08/11/2018.

- 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 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 05/14/2016.

- Due 09/07/2019. 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 06/09/2019.

**Questions?**

Please let us know if you no longer need any of the listed tests.

Call the Generic Information Line at:
- 206-336-3430 or
- 1-800-442-8825.

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

### Current medical conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>SEE DETAILS</th>
<th>POOR CONTROL</th>
<th>FAIR CONTROL</th>
<th>GOOD CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Screening</td>
<td></td>
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</table>

### Future disease risk

<table>
<thead>
<tr>
<th>Condition</th>
<th>SEE DETAILS</th>
<th>STRONG RISK</th>
<th>MODERATE RISK</th>
<th>LOW RISK</th>
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<tbody>
<tr>
<td>Breast Cancer Risk</td>
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<tr>
<td>Cardiovascular Disease</td>
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<tr>
<td>Skin cancer risk</td>
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<tr>
<td>Lung Cancer Risk</td>
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<td>Diabetes Risk</td>
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</tbody>
</table>

### Lifestyle

<table>
<thead>
<tr>
<th>Condition</th>
<th>SEE DETAILS</th>
<th>CHANGE NEEDED</th>
<th>CONSIDER CHANGES</th>
<th>HEALTHY</th>
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<tbody>
<tr>
<td>Risky Alcohol Use</td>
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<tr>
<td>Body mass index (BMI)</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Physical Activity</td>
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<td>Tobacco Use</td>
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<tr>
<td>Stress</td>
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<td>Sexual Health</td>
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<tr>
<td>Birth Control</td>
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</table>

### Health status

<table>
<thead>
<tr>
<th>Condition</th>
<th>SEE DETAILS</th>
<th>HIGH RISK</th>
<th>MODERATE RISK</th>
<th>LOW RISK</th>
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<tr>
<td>Self-Perceived Health</td>
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<tr>
<td>Sick Days</td>
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<tr>
<td>Prescription Medications</td>
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At Kaiser Permanente, we leverage our technology, integrated system and 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. 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 children who turned 15 months old during the measurement year and had 0-6 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. Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood. 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**

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.

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

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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. 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.
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. 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.

*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.

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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. 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.

*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.
Diabetic Care: Medical Attention for Nephropathy
Medicare HMO

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.

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.
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.

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**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**

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.¹
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. 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.
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. 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.
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. 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

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.

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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. 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.
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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. 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. With proper management of depression, the overall economic burden on society can be alleviated, as well.
Antidepressant Medication Management (Acute)
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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. 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. With proper management of depression, the overall economic burden on society can be alleviated, as well.
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. 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. With proper management of depression, the overall economic burden on society can be alleviated, as well.
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Medicare HMO

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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. There are over 2,000,000 hospitalizations each year for mental illness in the U.S. 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

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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.\textsuperscript{16,17} There are over 2,000,000 hospitalizations each year for mental illness in the U.S.\textsuperscript{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.
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Medicare HMO

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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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*Lower rates are better for this measure.
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. 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.
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. It causes inflammation and destruction of joints and can also damage organs. RA is progressive, but early intervention with DMARDs can help preserve function and prevent further damage to joints.
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

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, because overuse can lead to antibiotic resistance. 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. 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.
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 adjustments.

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 living a longer time with diabetes that is out-of-control and blood sugars that are in an unsafe range.

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 2.2% 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.
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
Member Experience

Customer Service
Commercial HMO

What is being measured?
Percentage of surveyed members satisfied with customer service.

<table>
<thead>
<tr>
<th>Year</th>
<th>National Average</th>
<th>National 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>88.57%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>86.52%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>78.61%</td>
<td></td>
</tr>
</tbody>
</table>

Customer Service
Medicare HMO

What is being measured?
Percentage of surveyed members satisfied with customer service.

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicare 3 Star Cut-Point</th>
<th>Medicare 5 Star Cut-Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>90.00%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>91.00%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>90.00%</td>
<td></td>
</tr>
</tbody>
</table>
What is being measured?
Percentage of surveyed members who gave the overall level of plan services a high rating.

Rating of Health Plan
Commercial HMO

What is being measured?
Percentage of surveyed members who gave the overall level of plan services a high rating.

Rating of Health Plan
Medicare HMO
**Claims Processing**

**Commercial HMO**

What is being measured?

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

- **National Average**
- **National 90th Percentile**

<table>
<thead>
<tr>
<th>Year</th>
<th>National Average</th>
<th>National 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>89.74%</td>
<td>85.00%</td>
</tr>
<tr>
<td>2018</td>
<td>83.08%</td>
<td>88.00%</td>
</tr>
<tr>
<td>2019</td>
<td>0.00%</td>
<td>86.00%</td>
</tr>
</tbody>
</table>

*KPWA 2019 Claims Processing Rates Unavailable

**Rating of Drug Plan**

**Medicare HMO**

What is being measured?

Percentage of surveyed members who gave drug plan services a high rating.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicare 3 Star Cut-Point</th>
<th>Medicare 5 Star Cut-Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>85.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2018</td>
<td>88.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2019</td>
<td>86.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
How Well Doctors Communicate
Commercial HMO

What is being measured?

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

- National Average
- National 90th Percentile
Care Experience

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

What is being measured?
Percentage of surveyed members who gave plan's doctors a high rating in care coordination.

Medicare 3 Star Cut-Point
Medicare 5 Star Cut-Point
**Care Experience**

### Getting Needed Care

**Commercial HMO**

<table>
<thead>
<tr>
<th>Year</th>
<th>Measure</th>
<th>National Average</th>
<th>National 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>84.71%</td>
<td>84.71%</td>
<td>90th Percentile</td>
</tr>
<tr>
<td>2018</td>
<td>80.45%</td>
<td>80.45%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>76.09%</td>
<td>76.09%</td>
<td></td>
</tr>
</tbody>
</table>

**What is being measured?**

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

**Medicare HMO**

<table>
<thead>
<tr>
<th>Year</th>
<th>Measure</th>
<th>Medicare 3 Star Cut-Point</th>
<th>Medicare 5 Star Cut-Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>84.00%</td>
<td>84.00%</td>
<td>90th Percentile</td>
</tr>
<tr>
<td>2018</td>
<td>83.00%</td>
<td>83.00%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>81.00%</td>
<td>81.00%</td>
<td></td>
</tr>
</tbody>
</table>

**What is being measured?**

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

Commercial HMO

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

Getting Care Quickly

Medicare HMO

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

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

- National Average
- National 90th Percentile
Rating of Specialist
Commercial HMO

What is being measured?
Percentage of surveyed members who gave plan's specialists a high overall rating.

- National Average
- National 90th Percentile

- 2017: 68.07%
- 2018: 57.53%
- 2019: 61.18%
Rating of Health Care Quality
Commercial HMO

What is being measured?
Percentage of surveyed members who gave the health care they received a high overall rating.

Rating of Health Care Quality
Medicare HMO

What is being measured?
Percentage of surveyed members who gave the health care they received a high overall rating.
### Annual Flu Vaccine
#### Medicare HMO

- **What is being measured?**
  - Percentage of surveyed members who received their annual flu vaccine.

- **Medicare 5 Star Cut-Point**
  - 86.00%

- **Medicare 3 Star Cut-Point**
  - 84.00%

- **2017**
  - 81.00%

- **2018**
  - 84.00%

- **2019**
  - 86.00%

### Getting Needed Prescription Drugs
#### Medicare HMO

- **What is being measured?**
  - Percentage of surveyed members satisfied with getting needed prescription drugs.

- **Medicare 5 Star Cut-Point**
  - 93.00%

- **Medicare 3 Star Cut-Point**
  - 92.00%

- **2017**
  - 88.00%

- **2018**
  - 93.00%

- **2019**
  - 92.00%
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 (KP) developed the Nine Experience Standards by compiling feedback from members, market leaders, consumers around their experience with KP, and their expectations from their care provider. To ensure that the consumer 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 (SEJ) is a learning event specific to KP Washington (KPWA) with a focus on the KP Nine Experience Standards. SEJ is an immersive and engaging learning workshop intentionally designed to shift and evolve how every KPWA employee thinks about service, experience (both amongst consumers and employees), and how they impact and contribute to it.

SEJ is a two-hour workshop, delivered in person in a cohort model of 20-50 employees per cohort. The workshop is leader and facilitator led with collaboration between Human Resources, Operations, and Consumer Experience leaders. Unlike other market leaders, KPWA has established these workshops as not a training, but an initiative exercise to begin the shift in culture, changing how KPWA thinks about service and experience both internally and externally.

Data Driven Quality & Reliability

Our Quality Team utilizes data to drive results and engage our employees in focused, effective solutions. Kaiser Permanente Washington relies on evaluations through numerous methods such as our various Press Ganey patient satisfaction surveys 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 member’s perception of care also requires us to deliver this experience reliably. At Kaiser Permanente Washington, we constantly measure our performance utilizing this experience data to ensure we stay aligned with our member’s expectations. Additionally, we take in to consideration direct feedback via patient comments and members serving on various internal committees. We then provide these inputs 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 showcasing expertise and experience in a new, externally facing, 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. The pages also allow us to showcase how WPMG internal providers are medically excellent to provide choice to our members who have the ability to search externally for clinicians.
Welcoming New Members

All new KPWA members receive a welcome call in the first 30 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 in the New Member Welcome team. This function is one of many in KPWA’s Consumer Experience team, which also encompasses Member Services, Member Correspondence, Member Services Chat, and Employer Broker Services.

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 continue to focus on phone service experience; ensuring 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.
Among Highest Rated Medicare Plans in Washington

Kaiser Permanente plans in Washington State are consistently among the highest rated Medicare Advantage plans, according to CMS. The Medicare Star Ratings are based on performance on quality of care measures, members’ experience with the health plan and their providers, and health plan operational measures.

Top Ranked Commercial Plans in Washington

Of the 15 health plans in Washington rated by the National Committee on Quality Assurance (NCQA) for 2019 - 2020, Kaiser Permanente plans received the highest ratings in the state based on clinical quality prevention and treatment measures and members’ experience. Our commercial plans have also received NCQA Health Plan Accreditation demonstrating that we provide high quality care and service to all members and meet all CMS regulatory requirements.

Washington’s Top Commercial Health Plan

In the 2018 eValue8™ survey conducted by the Washington Health Alliance and the National Alliance of Healthcare Purchaser Coalitions, Kaiser Permanente Washington’s commercial HMO plan was rated the top commercial plan in the state. We set the national benchmarks for “helping members manage chronic conditions” and “helping members manage a severe or sudden health condition,” and were the best in the state in “helping members get and stay healthy” and “physician and hospital management.”

WPMG Ranked Among Top Performing Medical Groups

For 11 years in a row, the Washington Permanente Medical Group has been among the top-performing medical groups featured in the annual Community Checkup, a report highlighting health care quality in Washington State. In addition, the Washington Permanente Medical Group is one of only 16 medical groups nationally to be honored with the Acclaim Award for physician-led innovations that have transformed care.

WPMG Doctors Recognized As Among The Best

In the past 8 years, more than 270 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 nomination from their peers.

Central Hospital Receives DNV Accreditation & ISO 9001 Certification

Kaiser Permanente Washington’s Central Hospital on the Capitol Hill Campus is accredited by DNV GL Healthcare demonstrating our commitment to providing high quality and safe care in our hospital and meet all CMS regulatory compliance standards. We have also received ISO 9001 certification in recognition of our strong quality management system for Central Hospital.

KPWA Ambulatory Surgery Centers & Procedure Centers Awarded AAAHC Accreditation

Kaiser Permanente Washington’s ambulatory surgery centers in Bellevue and Tacoma and our procedure centers in Bellevue and Capitol Hill have been awarded accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC) demonstrating that we provide high quality and safe care at these facilities and meet all CMS regulatory compliance standards.