



## Healthier Washington Dashboard Documentation

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## About

The Healthier Washington Dashboards contain a series of interactive dashboards that allow you to explore data on populations and measures for Washington State. The dashboards integrate data from multiple sources, including Medicaid claims and enrollment data, immunization data, and survey data. The dashboards will be updated or "refreshed" with the latest data and a new "release" of the dashboards every 12 weeks. Each update is called a "release" and is available online. Each release will contain a collection of updates to the data, bug fixes, and feature enhancements. Over time, the dashboards will evolve to include more data sources, measures, and dashboard views, such as trends over time. Version histories of the releases are tracked in the Tableau workbook on a separate worksheet.

The dashboards were developed by the Providence Center for Outcomes Research and Education (CORE) in collaboration with the Washington Health Care Authority and the Department of Health. These dashboards support Accountable Communities of Health (ACHs) by providing data and information in order to conduct regional health assessments, engage in planning for health improvement, and monitor outcomes over time.

## Viewing the Dashboard

To access the dashboard, follow this link:

[\[https://fortress.wa.gov/hca/tableau/t/51/views/HealthierWashingtonDashboard/FrontPage?:embed=y&:showShareOptions=true&:display\\_count=no&:showVizHome=no\]](https://fortress.wa.gov/hca/tableau/t/51/views/HealthierWashingtonDashboard/FrontPage?:embed=y&:showShareOptions=true&:display_count=no&:showVizHome=no). The dashboard can be viewed in any internet browser, though it is best viewed in the newest version of Chrome. Please also see the section on troubleshooting display settings if the dashboards are too small or information seems to be displaying poorly.

You may contact Krista Concannon if you have any issues accessing the dashboard:  
<krista.concannon@hca.wa.gov>.

## Display Settings Troubleshooting

### Lag Time

You may notice lag time when switching between tabs or making a selection from a drop-down menu. Some lag is usual and can be driven by the host server. If you find that the page will not load or that lag times are very long, please contact Krista Concannon at <krista.concannon@hca.wa.gov>.

### Charts or Maps Are Blank

If you see a dashboard that is mostly blank (see figure below), it is possible that you have selected a group of filters for which data does not exist, or has been suppressed. Please see the section called [Privacy and Protection – Small Numbers](#).

### Measure Explorer: Diabetes: Eye Exam - Medicaid

Select a measure Diabetes: Eye Exam - Medicaid

Measure Definition: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an eye screening for diabetic retinal disease in the measurement year. Derived from WA HCA Medicaid administrative data for measurement year 2015 using HEDI: 2016 Technical Specifications.

The rate for the selected group has been suppressed.

Select drop down options to apply filters to measure rate chart.

Region: Cascade Pacific Action Alliance: All Counties

Age Group: Child <19 yo

Gender: All

Ethnicity: Hispanic or Latino

Race: All

Language: All



State Average

33%

Note:

**Population:** WA Medicaid members with any coverage in 2015. Members with both Medicaid and Medicare coverage (duals) are excluded for more accurate measure reporting.

**Data Source:** HCA Medicaid enrollment and claims data for the 2015 calendar year. Measure rates represent measurement year 2015. Medicaid data was refreshed on 4/4/2016 and WA immunization data was refreshed on 5/4/2016.

**Data Suppression:** When filtering, some data in the charts will disappear due to small number suppression.

Hover over the icon for more info →



- Age Group
  - Child (<19)
- Gender
  - Female
  - Male
- Ethnicity
  - Hispanic
- Race
  - AI/AN
  - Asian
  - Black
  - NH/PI
  - White
  - Multiracial
  - Other
  - Unknown
- Language
  - English
  - Spanish
  - Unknown
- Tribal Affiliation
  - Yes
  - No

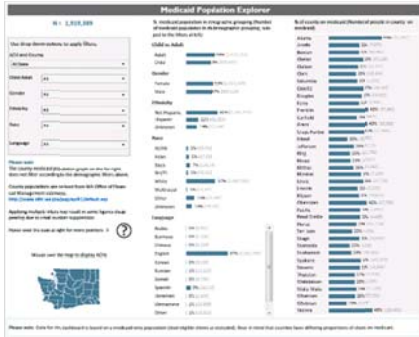
Sort County Rate



## Dashboard Overview

There are currently four interactive dashboards, each designed to answer different questions and provide specific information.

### Population Explorer



This dashboard shows the number of Medicaid members living in the state of Washington. You can filter by ACH, county, age group, gender, race, ethnicity, and language.

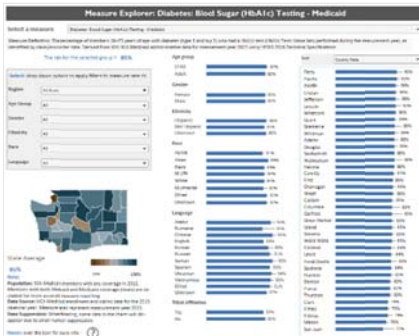
#### What kind of questions can this dashboard answer?

How many Spanish-speaking children covered by Medicaid live in our county? How does that compare to other counties? - **or** - What percent of our ACH region is on Medicaid?

#### How do I interact with this dashboard?

You can explore different groups by selecting demographic information in the dropdown menus to the left. Selecting multiple demographic characteristics will help you focus in on more specific groups. The county chart at right does not change as you select the demographic options—this chart shows the proportion of Medicaid members within that county. By hovering your cursor over the reference map at the lower left of the dashboard, you can highlight the different ACHs in the county chart at right.

### Measure Explorer



This dashboard shows measure rates by geographic region (ACH, county) and demographics (age group, gender, race, ethnicity, language). Combine filters to see measure rates for specific populations.

#### What kind of questions can this dashboard answer?

Which populations have the highest and lowest rates of preventive diabetes care? - **or** - Are there differences in measure rates by county?

#### How do I interact with this dashboard?

To select a measure, use the dropdown menu at the top of the dashboard. The filters applied in the first dashboard are carried over to the Measure Explorer and vice versa. Thus, if you were looking at a particular group on the Population Explorer, the measure rates will reflect the same group in Measure Explorer. To look at rates for a different set of members, use the drop down filters at left to change the targeted group. Unlike the Population Explorer county chart, the county rate chart at right responds to the filter selections, displaying the measure rates by county, in addition to the selected filters. Hovering the pointer over the map in the bottom left will highlight the corresponding county in the chart on the right.

## Measure Maps



This dashboard allows you to explore and compare measure rates for different geographic regions (ACH, county, zip code, school district, legislative district).

### What kind of questions can this dashboard answer?

Are the top 5 lowest county rates of child PCP use the same as the top 5 lowest county rates of child immunizations?

### How do I interact with this dashboard?

The Measure Maps dashboard provides two different dropdown menus up top for selecting two measures for comparison. Additionally, you can change the geographic level of the maps. Selecting a new geographic level will change both sides of the dashboard. Below the maps are the dot plots, which plot the ACH rates (triangles) for the measure as well as the selected geographic units (vertical bars). Below that are the lowest and highest five geographic units for that measurement.

Hovering over your cursor over the map will:

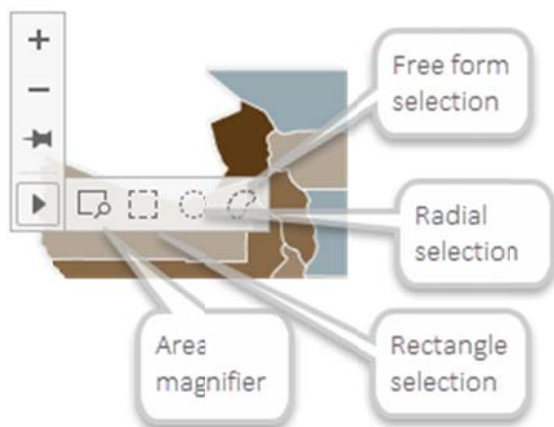
1. Highlight the map region for both maps.
2. Highlight the corresponding region's mark in the dot plot on both sides.
3. If available, highlight the corresponding ACH (currently available for the county level only).

Hovering your cursor over the vertical bar in the dot plot does the following:

1. Highlights the dot plot mark for the region on both sides.
2. Highlights the corresponding geographic region in the map for both sides.
3. If available, highlight the corresponding ACH (currently available for the county level only).

If the county level is selected, hovering the cursor over an ACH mark in the dot plot highlights all of the counties in the dot plot for both sides, as well as the counties in the maps. Hovering over the lowest and highest five lists will also highlight the corresponding region in the dot plots and maps.

Finally, hovering over the map shows the map tools (see figure below)



The **area magnifier** allows the user to click and drag over a map region to magnify the area.

The **selection tools** (Free form, Radial, and Rectangle) allow you to select a map area to filter the map. Using one of these tools has the following effects:

1. The selected regions will be highlighted on both maps.
2. The lower dot plots on both sides (vertical bars) will be narrowed down to the regions selected in the map.
3. The lowest and highest lists will be limited to the selected regions.

## Measure Sets



This dashboard enables you to visually compare county performance to the state average by multiple measures at once. It visually graphs the z-score of each county's rate, showing you the county rate's distance from the state average in a way that scales that difference evenly across measures. We plan to include more and differently themed measure sets in future dashboards.

### What kind of questions can this dashboard answer?

Which counties are above average across all measures? - **or** - Which counties rank lowest in the state across multiple measures? What other questions do you have after exploring these dashboards?

### How do I interact with this dashboard?

You can hover your pointer over the map at left to highlight the following:

- The region's position in the rank charts at the top of the dashboard
- The region's graph in the county chart grid in the main portion of the screen

You are welcome to change the sort order of the county chart grid using the drop down immediately to the right of the mini map. You can sort by:

- The county's name
- The county's geographic location (the counties are arranged on the grid similar to their geographic position within Washington)

## Notes and Fine Print

Dashboards will have directions and notes on them to guide their use. These notes provide the viewer with additional context to correctly interpret data. Additional information is available by hovering over the "(?)" icon as instructed in the dashboard.

## Technical Documentation

The technical documentation covers information about the data sources, measures, and analytic approach to small numbers and confidence intervals.

## Data Sources

This section provides an overview of the data sources included in the dashboards and the resulting population, measures, and time periods of analysis for each source.

Data sources include:

- ProviderOne Medicaid Claims and Enrollment Data
- Washington Immunization Information System

## ProviderOne Medicaid Claims and Enrollment Data

## Overview

CORE receives extracts of the ProviderOne data system from the Washington Health Care Authority. The data includes all health care claims and encounters for Medicaid members, enrollment periods, and demographic and address information.

## Population

The Medicaid population included in the dashboard and measures is limited to non-dual Medicaid members. Some members have been screened out of the population prior to analysis. These members are excluded primarily because they either have mixed insurance coverage or are in an aid category that has limited coverage. Mixed and limited coverage impacts the accuracy of measure reporting because we either have a non-comprehensive picture of health care encounters for a member or the health care encounters we are trying to measure would not exist in the data because they aren't covered.

Excluded populations:

- Members with less than one month of coverage in the *measurement year* of analysis
- Medicaid/Medicare dual-eligible members
- Members with primary Third Party Liability<sup>1</sup>
- Recipient Aid Categories that are not full medical benefits (see TABLE 1 below)

TABLE 1. Omitted Recipient Aid Categories
ADATSA-No Out of State Care
ERSO-Emerg&Related Srvs Only-Prior Auth May be Req
Family Planning Services Only
Detox Program-Limited Care
Inpatient Psychiatric Care only
Qual Disabled Working Ind.-Part A Prem-No Medical
Qualified Ind.-1-Part B Premium Only-No Medical
Qualified Medicare Beneficiary-Medicare Only
Spec Low Inc. Medicare Benef-Pt B Prem-No Medical
Take Charge Family Planning Only
Children's Full Premium
Involuntary Treatment Act

The population included in the Population Explorer dashboard includes anyone with Medicaid coverage in the given 12-month measurement year (that isn't excluded by the criteria above). Information about the population (demographic and geographic location) is a "snapshot" of this information from the Medicaid enrollment files using the latest information on record for that member within the measurement year. For example, for the 2015 measurement year, member age is determined as the age

<sup>1</sup> "Third Party Liability (TPL) refers to the legal obligation of third parties (e.g., certain individuals, entities, insurers, or programs) to pay part or all of the expenditures for medical assistance furnished under a Medicaid state plan."

Visit the Medicaid.gov [website](https://www.medicare.gov) for more information about TPLs.



of the member as of December 31<sup>st</sup>, 2015. This means that when filtering on age, you are seeing the population in that age category as of that date. For a measurement year that spans July 2015-June 2016, the member age would be determined as of June 30<sup>th</sup>, 2016. Another example would be county or zip code on record. Members are attributed to the zip code or county as of the latest address information in the measurement year.

The population included in the **measure analysis** begins the same exclusion criteria and “snapshot” method, but additionally applied any criteria specified in the measure. For example, many health care quality measures impose additional “continual coverage” requirements that would further exclude people with coverage gaps.

### Measurement Year, Time Period, and Refresh

Metrics are presented as rates over a 12-month time period for the population included in the specific measure, this is referred to as a **measurement year**. The 12-month measurement period for this release (November 2016) is calendar year 2015. Subsequent releases will include 12-month rolling measurement windows that overlap between the 2015 and 2016 calendar years. The 12-month rolling measurement window will depend on the release month of the dashboards and will take into account a minimum three-month claims lag to account for processing time in the billing data in order to represent the most complete data set for the 12-month window. Likewise, all claims-based population and measure information will be “refreshed” and updated to the latest information with each release.

### Measures

From the claims files we generate the following metrics in TABLE 2 below (for technical implementation details of the measures see *Technical Documentation: Measures* section):

TABLE 2: ProviderOne - Medicaid Claims and Enrollment Measures	
Dashboard Measure Name	NCQA/HEDIS Name (2016)
Child Access to Primary Care – Medicaid	Children and Adolescents’ Access to Primary Care Practitioners (CAP)
Adult Access to Preventive/Ambulatory Health Services – Medicaid	Adults’ Access to Preventive/Ambulatory Health Services (AAP)
Well- Child Visits – 3-6 years	NQF ID: 1516, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)
Diabetes Care: Blood Sugar (HbA1c) Testing	NQF ID: 0057, Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
Diabetes Care: Eye Exam	NQF ID: 0055, Comprehensive Diabetes Care: Eye Exam (Retinal) Performed
Diabetes Care: Kidney Disease Screening	NQF ID: 0062, Comprehensive Diabetes Care: Medical Attention for Nephropathy
Antidepressant Medication Management - Acute	NQF ID: 0105, Antidepressant Medication Management (AMM)
Antidepressant Medication Management - Continuation	NQF ID: 0105, Antidepressant Medication Management (AMM)

### Chronic Conditions

From the claims files we generate diagnosis rates for the following chronic conditions in TABLE 3 below (for technical implementation details of the measures see *Technical Documentation: Measures* section):

TABLE 3: ProviderOne - Medicaid Claims and Enrollment Measures	
Dashboard Measure Name	<a href="#">Chronic Condition Warehouse Name</a>
Asthma Diagnosis	Asthma
Depression Diagnosis	Depression
Diabetes Diagnosis	Diabetes

### Filters

Our population filters are derived from member information in the Medicaid enrollment files and include the following:

**Age Group:** calculated based on date of birth. Age is as of the last day of the measurement year. Persons aged 19 and older are considered adults (aligning with Medicaid age cut offs). This filter is not available for measures that are defined by age criteria.

**Gender:** based on self-reported gender. Field values include: male and female.

**Race:** based on self-reported race. Applicants can include up to four races. The filter includes self-reported race for category 1 (RACE 1 in the enrollment data) – see TABLE 4 below. We mapped values from the Medicaid enrollment files to the following OMB categories. For more info on the Office of Management and Budget standards: [https://www.whitehouse.gov/omb/fedreg\\_race-ethnicity](https://www.whitehouse.gov/omb/fedreg_race-ethnicity).

TABLE 4: ProviderOne Race Field Crosswalk to Dashboard Filters	
ProviderOne Enrollment Files Race Field Values	OMB Standard
All	All
Alaskan Native	American Indian or Alaska Native
American Indian	American Indian or Alaska Native
Asian	Asian
Black	Black or African American
Hawaiian	Native Hawaiian or Other Pacific Islander
Not Provided	Unknown
Other	Other
Pacific Islander	Native Hawaiian or Other Pacific Islander
White	White
When RACE2 populated	Multiracial
NULL	Unknown

**Ethnicity:** derived from self-reported ethnicity. Field values include: Hispanic or Not Hispanic.

Language: derived from self-reported preferred spoken language. For the dashboard filter we limit the languages to the top ten most common languages for this field.

Geographic Association: Geographic area member counts and measure rates (e.g. zip code, County, ACH) are derived from residential addresses provided by the Medicaid enrollment files. We use the latest member physical address available in the measurement window to map a given member's address to a single zip code, county, and ACH. Geocoded addresses are further used to associate a member with a single School District and Legislative District. School District associations are independent of school enrollment. Due to limitations in geocoding methods, estimated member counts in these geographies may be smaller than actual member counts.

## Washington Immunization Information System

### Overview

The Office of Immunization and Child Profile (OICP) provided the data for the immunization measures in the dashboards from the WA State immunization Information System (IIS). The IIS is a lifetime registry that tracks immunization records for people of all ages in Washington State. The IIS currently contains over 86 million vaccination records for over 8.1 million unique individuals. Reporting of immunization data to the IIS is voluntary but over 99% of provider sites use and submit data to the IIS. IIS data is becoming more complete due to efforts like Meaningful Use and the addition of new provider sites, including pharmacies, submitting immunization records to the system. OICP receives the majority of immunization records within 24 hours of an immunization being administered. Over 70,000 immunization records are received each day. Immunization providers report immunizations via secure HL7 connections, by sending flat files of immunization records, or by manually entering immunizations into the IIS. Most records are received via automated HL7 transmission from providers' EHRs to the IIS. For more information, please contact Patricia M deHart (Pat.deHart@doh.wa.gov).

### Population

The population for the IIS includes people of all ages in Washington State. The specific measures/immunizations are limited to the populations for that measure.

### Time Period and Refresh

For the calendar year of 2016, the dashboards will show IIS-based measures for the calendar year 2015. These measures will be updated on an annual basis.

### Measures

These measures are based upon National Committee for Quality Assurance (NCQA) and National Quality Forum (NQF) metrics and are also being used to monitor the Healthier WA initiative.

**TABLE 5: WA Immunization Information System Dashboard Measures**

Dashboard Measure Name
Childhood immunization status: persons 2 years-old on 12/31/2015 who received the Combo 10 HEDIS vaccine series (4 DTaP/DT/Td, 3 Hib, 3 polio, 3 Hep B, 1 MMR, 1 Varicella, 2 Hep A, 2 flu, 4 PCV,

2 rotavirus)
Immunizations for adolescents: persons 13 years-old on 12/31/2015 who received 1 Tdap and 1 MCV
Human papillomavirus (HPV) vaccine for adolescents (by sex: M/F): persons 13 years-old on 12/31/2015 who received 3 doses of HPV
Pneumococcal vaccination status for older adults (note that this measure uses BRFSS data, not IIS data): combined, weighted data from 2013-2014 BRFSS - persons 65 years-old and older who reported ever having received a pneumococcal vaccine

## Measures

### Access to Care<sup>2</sup>

The Access to Primary Care measures (Adult Access to Preventive/Ambulatory Health Services and Child Access to Primary Care) are based on the 2016 HEDIS Vol 2 measure specifications. Content in the sections below is derived from the HEDIS 2016 Vol 2 manual. Consult a HEDIS 2016 Vol 2 manual for more detailed specifications.

#### Analytic Notes

- Coverage Requirements: most health care quality and access measures include members in a measure if they have continuous coverage for a period of time. In the member enrollment records, we look for “gaps” in coverage. In the ProviderOne data we do this using the “client by month table.” If a member has 11-12 months of coverage, they are considered to have met the continuous coverage criteria.

### Adult Access to Preventive/Ambulatory Health Services (AAP)<sup>2</sup>

- Description: Percentage of members 20 years of age and older (as of December 31 of the measurement year) who had a preventive or ambulatory care visit during the measurement year.
- Denominator: To be counted in the denominator, the member could not have had an enrollment gap of more than 1 month during any given measurement year.
- Numerator: To be counted in the numerator, the member needed to have at least one ambulatory or preventive visit during the measurement year (as defined by the HEDIS AAP Ambulatory Visits and Other Ambulatory Visits Value Sets).

### Children and Adolescents’ Access to Primary Care Practitioners (CAP)<sup>2</sup>

Description: Percentage of members aged 12 months to 19 years old (as of December 31 of the measurement year) who had a preventive or ambulatory care visit. Members cannot have more than one gap in enrollment of up to 45 days during the measurement year. The first release does not stratify this measure using the age bands. This will be done in a future release.

<sup>2</sup> Documentation section is derived from the HEDIS 2016 Vol 2 manual – consult the manual for more detailed technical specifications.

- Denominator: To be counted in the denominator, the member could not have had an enrollment gap of more than 1 month during any given measurement year.
- Numerator: To be counted in the numerator, a child 12 months to 6 years needed to have one or more ambulatory visits during the measurement year. A child 7-19 years needed to have an ambulatory visit in the measurement year, or the year prior to the measurement year. Visits are defined by the HEDIS Ambulatory Visit Value Set, with a CPT procedure code indicating primary care from TABLE 6 below.

<b>TABLE 6: Defining Visit for CAP</b>	
-	CPT Code: 99201-99205, 99211-99215, 99241-99245, 99341-99350, 99354,99355,99358,99359,99382-99387, 99392-99397, 99401-99404, 99411-99412, 99420, 99429, 99499

### Well-Child Visits – 3-6 Years

The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life measure (NQF 1516) is based on the 2016 HEDIS Vol 2 measure specifications. Content in the sections below is derived from the HEDIS 2016 Vol 2 manual. Consult a HEDIS 2016 Vol 2 manual for more detailed specifications.

Description: The percentage of children 3-6 years of age who had one or more well-child visits during the measurement year.

- Denominator: a member is included in the denominator if they turned 3, 4, 5, or 6 years of age during the measurement year. The member could not have had an enrollment gap of more than 1 month during any given measurement year.
- Numerator: a member is included in the numerator if they have received one or more well-child visits during the measurement year.

### Diabetes Care<sup>2</sup>

The Comprehensive Diabetes Care measures (Blood Sugar Testing (NQF 0057), Eye Exam (NQF 0055), and Kidney Disease Screening (NQF 0062)) are based on the 2016 HEDIS Vol 2 measure specifications. Content in the sections below is derived from the HEDIS 2016 Vol 2 manual. Consult a HEDIS 2016 Vol 2 manual for more detailed specifications.

The three measures share the same Description and Denominator:

- Description: The percentage of members 18–75 years of age (as of December 31 of the measurement year) with diabetes (type 1 and type 2) who had testing for HbA1c testing. Members cannot have more than one gap in enrollment of up to 45 days during the measurement year.

<sup>2</sup> Documentation section is derived from the HEDIS 2016 Vol 2 manual – consult the manual for more detailed technical specifications.

- Denominator: Identifying member with diabetes: both claim/encounter and pharmacy data are used to identify members with diabetes. A positive result from either data source is sufficient to include the member in the measure. Both the measurement year and the year prior to the measurement year are reviewed for the appropriate diagnoses or prescriptions. For claim/encounter data, the member needs to have at least two visits (outpatient, observation, ED, or non-acute inpatient) over the two year period with a diagnosis of diabetes or at least one acute inpatient encounter with a diagnosis of diabetes. For pharmacy data, members who are dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis are included (summarized from the HEDIS 2016 Vol 2 Manual). Members cannot have more than one gap in enrollment of up to 45 days during the measurement year.

#### **Diabetes Care: Blood Sugar (HbA1c) Testing**

- Numerator: a member is included in the numerator if they have a qualified claim/encounter showing an HbA1c test (from the HEDIS 2016 Vol 2 HbA1c Tests Value Set) performed during the measurement year.

#### **Diabetes Care: Eye Exam**

- Numerator: a member is included in the numerator if they if they have a qualified claim/encounter showing an eye screening for diabetic retinal disease as identified by administrative data. This includes 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.

#### **Diabetes Care: Kidney Disease Screening**

- Numerator: a member is included in the numerator if they have a qualified claim/encounter showing a nephropathy screening or monitoring test or evidence of nephropathy.

#### **Antidepressant Medication Management – Acute**

The Antidepressant Medication Management measure (NQF 0105) is based on the 2016 HEDIS Vol 2 measure specifications. Content in the sections below is derived from the HEDIS 2016 Vol 2 manual. Consult a HEDIS 2016 Vol 2 manual for more detailed specifications.

Description: Effective Acute Phase Treatment. The percentage of newly diagnosed and treated patients 18 years of age and older who remained on an antidepressant medication for at least 84 days (12 weeks).

- Denominator: A member is included in the denominator if they have a diagnosis of major depression and were newly treated with anti-depressant medication. The member could have had no more than one month coverage gap in monthly enrollment between 105 days prior to 231 days after the IPSD.
- Numerator: A member is included in the numerator if they have at least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date (IPSD) (115 total days). The continuous treatment allows gaps in medication treatment up to a total of 30 days during the 115-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

## Antidepressant Medication Management – Continuation

Description: The percentage of newly diagnosed and treated patients 18 years of age and older who remained on an antidepressant medication for at least 180 days (6 months).

- Denominator: A member is included in the denominator if they have a diagnosis of major depression and were newly treated with antidepressant medication. The member could have had no more than one month coverage gap in monthly enrollment between 105 days prior to 231 days after the IPSP.
- Numerator: A member is included in the numerator if they have at least 180 days (6 months) of continuous treatment with antidepressant medication during the 232-day period following the IPSP. Continuous treatment allows gaps in medication treatment up to a total of 51 days during the 232-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

## Immunizations

### Childhood Immunization Status

- Parameters used: persons 2 years-old on 12/31/2014 who received the Combo 10 HEDIS vaccine series (4 DTaP/DT/Td, 3 Hib, 3 polio, 3 Hep B, 1 MMR, 1 Varicella, 2 Hep A, 2 flu, 4 PCV, 2 rotavirus)
- Differences between NCQA measure and WAIS calculated measure:
  - o NCQA includes all children who turn 2 years of age during the measurement year; we used all children who were 2 years-old on 12/31/2014.
  - o NCQA looks at immunization status on each included child's second birthday. We are unable to do this currently and looked immunization status of anyone who was 2 years-old on 12/31/2014.

### Immunizations for adolescents

- Parameters used: persons 13 years-old on 12/31/2014 who received 1 Tdap and 1 MCV
- Differences between NCQA measure and WAIS calculated measure:
  - o NCQA includes all adolescents who turn 13 years of age during the measurement year; we used all children who were 13 years-old on 12/31/2014.
  - o NCQA looks at immunization status on each included adolescent's thirteenth birthday. We are unable to do this currently and looked immunization status of anyone who was 13 years-old on 12/31/2014.
  - o NCQA allows exclusions for adolescents with vaccine contraindications; we do not.

### Human papillomavirus (HPV) vaccine for adolescents

- Parameters used: persons 13 years-old on 12/31/2014 who received 3 doses of HPV
- Differences between NCQA measure and WAIS calculated measure:
  - o NCQA includes all adolescents who turn 13 years of age during the measurement year; we used all children who were 13 years-old on 12/31/2014.

- NCQA looks at immunization status on each included adolescent's thirteenth birthday. We are unable to do this currently and looked immunization status of anyone who was 13 years-old on 12/31/2014.
- NCQA allows exclusions for adolescents with vaccine contraindications; we do not.
- Note that inclusion in the numerator requires teens to stick to a very strict immunization schedule. Most adolescents receive the first dose of HPV at 11 years-old. To be valid, the third dose must be given at 24 weeks or more after dose 1 and 16 weeks after dose two. Many programs look at both 1 dose (series initiation) and three dose (series completion) coverage. This allows providers and immunization programs to see whether effort is needed to get adolescents into a provider for the first dose, or if most receive the first dose but then fall behind with subsequent doses.

### **Pneumococcal vaccination status for older adults**

#### BRFSS Calculation

- Parameters used for BRFSS calculation: combined, weighted data from 2012-2013 BRFSS - persons 65 years-old and older who reported ever having received a pneumococcal vaccine
- Differences between NCQA measure and BRFSS calculated measure:
  - BRFSS data is from 2012-2013 surveys; NCQA uses data from the current measurement year.

#### Discussion of BRFSS vs. WAIS for this measure

The WAIS does not capture all administered adult vaccines. While capture is consistently improving, data capture is incomplete and was worse in previous years. For this reason, the WAIS estimates are artificially low. BRFSS is a better data source for this measure because it relies on self-report of vaccine administration, as does the NCQA indicator. The BRFSS data are not impacted by incomplete vaccine administration reporting like the WAIS. BRFSS weighted numerators and denominators should only be used to calculate the estimated prevalence or percentage of persons who received a pneumococcal vaccine. The numerators and denominators are not reliable on their own and do not represent the actual number of people in either the numerator or denominator.

#### *Other considerations:*

- Vaccinations given to adults are less likely to be reported than those given to children.
- This measure may not be stable over time due to improvements in immunization reporting.
- The Joint Commission and NQF are focused on improving clinical care at healthcare facilities, while the Department of Health is more interested in population immunization coverage. From a public health standpoint, it would make more sense to break this measure down into age groups (6-59 mos, 5-9 years, 10- 18 years, 19-64 years, 65 and older) in order to better focus public health efforts and provider outreach.

### **Confidence Intervals**

Confidence Intervals (CI) provide a range of uncertainty around an estimated number. Often they are used with survey data to indicate how the sample drawn for the survey might differ from the underlying population. In this dashboard, however, most measures use the entire population of Medicaid claims (excluding those claimants who were also eligible for Medicare) or Washington State, and so there is no sampling error. In this case, the CI is used to account for uncertainty that arises from random variation that could be large due to the relatively small sizes of some population subgroups or geographical areas.



### How to use a confidence interval?

Suppose you are looking for unusually low rates of childhood immunization by zip code in your area. You have the following) data,

Zip code	Estimate of immunization rate	Confidence interval
1	85%	82% - 89%
2	88%	80% - 93%
3	79%	75% - 85%

So, is zip code #3 significantly lower than zip codes 1 and 2? According to the confidence intervals, there is some overlap and so the difference could just be due to random factors and not systematic difference in conditions. In this case, there is not a data-driven reason to focus on childhood immunization in zip code 3 versus zip codes 1 and 2.

### Privacy and Protection - Small Numbers

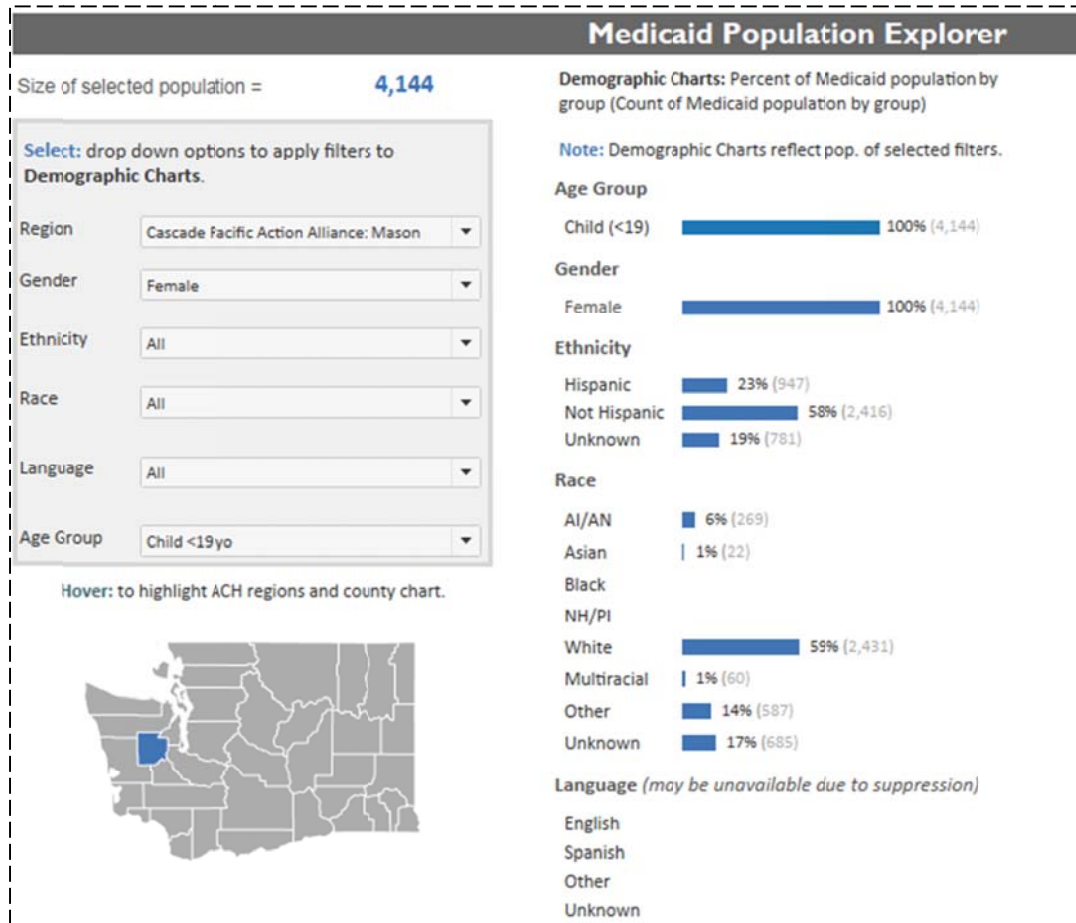
Suppression methods follow the Washington State Department of Health (DOH) small numbers guidelines (<http://ow.ly/Z4Z7A>), with additional DOH consultation on forthcoming standards to shape the approach.

The present iteration of the dashboard suppresses data under the following primary suppression criteria:

- Rates are suppressed when the numerator is a non-zero value less than 10
- Rates are suppressed when the measure denominator is less than 10
- Data are suppressed when the cell size is less than 10 individuals

In order to prevent computation of values removed in primary suppression, additional data are suppressed (a step known as secondary suppression).

### How Suppression Works in the Population Explorer Dashboard – Example



In the Population Explorer dashboard screenshot example above, we are filtered on:

- Region: Cascade Pacific Action Alliance: Mason
- Age Group: Child <19 yo
- Gender: Female

The filters we've applied are showing us that there are 4,144 female children in Mason County with Medicaid coverage. The Demographic Charts show a further breakdown of this population. The Ethnicity chart has no suppressed information so the total counts add up to 4,144. The Race chart has some suppressed information so the total counts you are able to see add up to 4,054/4,144. The 90 suppressed counts are suppressed in a way that does not allow you to derive the missing numbers. Although you can assume that the numbers that are primary suppressed are very small or are zero, and the numbers that are secondary suppressed are removed to further reduce the ability to derive the small numbers. See screenshot on next page for how these numbers appear in the dashboard.

Ethnicity	
Hispanic	947
Not Hispanic	2,416
Unknown	781

TOTAL	4,144 (all known)
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Race	
AI/AN	269
Asian	22
Black	Primary Suppressed
NH/PI	Primary Suppressed
White	2,431
Multiracial	60
Other	587
Unknown	685
TOTAL	4,054 (known) and 90 (suppressed)

## Healthier Washington Dashboard Measure Rates Comparison

Healthier Washington (HW) Dashboard contains a series of interactive dashboards intended to inform regional and local health planning and assessment. This document juxtaposes measure rates from the current release of the HW Dashboard with those from the 2015 Community Checkup Report.

### Methodology Notes

The HW Dashboard includes measures that have been prioritized by the Washington Health Care Authority, Department of Health, Accountable Communities of Health, and other partners. Most, but not all, of the measures are from the statewide Common Measure Set.

	<b>Healthier Washington Dashboard</b>	<b>Community Check-Up</b>
<b>Medicaid Data Supplier</b>	Washington Health Care Authority (includes data for 6 MCOs and Fee-for-service Medicaid members)	Molina Healthcare of Washington Community Health Plan of Washington
<b>Claims data measurement year (MY)</b>	January 1, 2015 – December 31, 2015	July 1 2014 – June 30, 2015
<b>Data notes</b>	Uses only paid claims	
<b>Immunization Data Supplier</b>	Washington State Department of Health – Immunization Information System	Washington State Department of Health – Immunization Information System
<b>Immunization data MY</b>	January 1, 2015 – December 31, 2015	January 1, 2014 – December 31, 2014

Measure	Measure Description	Measure Steward/Source	Community Checkup MY 2015 Rate	HW Dashboard MY 2015 Rate	Notes
<b>QUALITY MEASURES</b>					
<b>Adult access to preventive/ambulatory care</b>	The percentage of adults ages 20 and older who had a preventive care visit within the past year.	NCQA/ Claims	--	76%	Not included in Common Measure Set
<b>Adult access to preventive/ambulatory care - ages 20-44</b>	The percentage of adults ages 20–44 who had a preventive care visit within the past year.	NCQA/ Claims	83%	74%	
<b>Adult access to preventive/ambulatory care - ages 45-64</b>	The percentage of adults ages 45–64 who had a preventive care visit within the past year.	NCQA/ Claims	85%	81%	
<b>Adult access to preventive/ambulatory care - ages 65+</b>	The percentage of adults ages 65 and older who had a preventive care visit within the past year.	NCQA/ Claims	83%	88%	
<b>Antidepressant medication management – Acute (12 weeks)</b>	The percentage of patients 18 years and older who were newly diagnosed with depression who were prescribed an antidepressant medication, and remained on an antidepressant during the entire 12 weeks after diagnosis.	NCQA/ Claims	47%	49%	
<b>Antidepressant medication management - Continuation (6 months)</b>	The percentage of patients 18 years and older who were newly diagnosed with depression and who were prescribed an antidepressant medication drug and continued taking an antidepressant for at least six months.	NCQA/ Claims	33%	25%	
<b>Child and adolescent access to primary care - ages 12-19 years</b>	The percentage of adolescents ages 12–19 years who had a visit with a primary care practitioner in the past two years.	NCQA/ Claims	84%	89%	
<b>Child and adolescent access to primary care - ages 12-24</b>	The percentage of children ages 12–24 months who had a visit with a	NCQA/ Claims	94%	93%	

months	primary care practitioner in the past year.				
<b>Child and adolescent access to primary care - ages 2-6 years</b>	The percentage of children ages 25 months to 6 years who had a visit with a primary care practitioner in the past year.	NCQA/ Claims	81%	86%	
<b>Child and adolescent access to primary care - ages 7-11 years</b>	The percentage of children ages 7–11 years who had a visit with a primary care practitioner in the past two years.	NCQA/ Claims	84%	90%	
<b>Child and adolescent access to primary care</b>	The percentage of children ages 12 months – 19 years who had a visit with a primary care practitioner in the past year.	NCQA/ Claims	--	89%	Not included in Common Measure Set
<b>Diabetes – Blood Sugar (HbA1c) testing</b>	The percentage of patients ages 18 to 75 diagnosed with diabetes (type 1 and type 2) whose blood sugar was tested using a HbA1c test by a doctor or other health care provider at least once in the one-year measurement period.	NCQA/ Claims	53%	86%	
<b>Diabetes – Eye exam</b>	The percentage of patients ages 18 to 75 diagnosed with diabetes (type 1 and type 2) who had an eye exam at least once in a two-year period or, if there is evidence of eye disease, during a one-year period.	NCQA/ Claims	61%	35%	
<b>Diabetes - Kidney disease screening</b>	The percentage of patients ages 18 to 75 with diabetes (type 1 and type 2) who had a kidney screening test or were treated for kidney disease (nephropathy) or who have already been diagnosed with kidney disease, at least once during the one-year measurement period.	NCQA/ Claims	53%	92%	
<b>Well-child visits - ages 3 - 6 years</b>	The percentage of children ages three to six who had one or more well-child visits with a primary care provider	NCQA/ Claims	57%	62%	HW Dashboard omits PCP requirement in measure

during the measurement year.				
IMMUNIZATION MEASURES				
<b>Adolescent HPV Immunization</b>		NCQA/ DOH –	--	19%
<b>Female</b>		WA IIS	21%	
<b>Male</b>			15%	
<b>Adolescent Immunization by Age 13 / Adolescent Adolescent Tdap &amp; MCVi Immunization</b>	The percentage of adolescents who were 13 years old as of December 31 during the measurement year and had received one or more doses of the Tdap vaccine and one or more doses of the meningococcal vaccine that was reported to WallIS.	NCQA/ DOH – WA IIS	58%	60%
<b>Child Combo 10 HEDIS Immunization Rate/ Childhood Immunizations by Age 2</b>	The percentage of children who were two years old as of December 31 of the measurement year and had received all recommended vaccines that was reported to the Washington Immunization Information System (WallIS). Recommended vaccines by age two include: four DTap/DT/Td, three Hib, three polio, three Hep B, one MMR, one Varicella, two Hep A, two flu, two PCV and two rotavirus.	NCQA/ DOH – WA IIS	33%	33%
<b>Pneumococcal Immunization Rate – ages 65+</b>	The percentage of Washington residents 65 years of age and older who reported “Yes” to the question, “A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?” on the Washington State Behavioral Risk Factor Surveillance System (BRFSS).	CDC/ DOH - BRFSS	73%	73%

DIAGNOSIS RATES					
<b>Depression Diagnosis</b>	The percentage of Medicaid members with a diagnosis of depression.	CMS – CCW/ Claims	--	12%	Not included in Common Measure Set
<b>Asthma Diagnosis</b>	The percentage of Medicaid members with a diagnosis of asthma.	CMS – CCW/ Claims	--	5%	Not included in Common Measure Set
<b>Diabetes Diagnosis</b>	The percentage of Medicaid members with a diagnosis of diabetes.	CMS – CCW/ Claims	--	4%	Not included in Common Measure Set