

Washington State Common Measure Set, 2022 (PMCC Approved, October 2021)

| # | Measure Name | Measure Steward ¹ | NQF Endorsed | Type of Data | Measure Description | Value-Based Purchasing Arrangements in Contracts (could include Health Plans and Medical Groups) | Statewide Population Health Monitoring | Monitoring Hospital Quality |
|---|--|------------------------------|---------------------|--------------|--|--|--|-----------------------------|
| PRIMARY CARE AND PREVENTION | | | | | | | | |
| Primary Care and Prevention – Children and Adolescents | | | | | | | | |
| 1 | Audiological Evaluation No Later Than 3 months of age | CDC | 1360 | Clinical | The percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age. | | X | |
| 2 | Child and Adolescent Well-Care Visits (WCV) | NCQA (HEDIS) | 1516 (2019 version) | Claims | The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. | X | X | |
| 3 | Childhood Immunization Status (CIS) Combination 10 | NCQA (HEDIS) | 0038 | Claims/ WAIS | 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 (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. | X | X | |
| 4 | Immunizations for Adolescents (IMA) | NCQA (HEDIS) | 1407 | Claims/ WAIS | The percentage of children 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents. | X | X | |
| 5 | Primary Caries Prevention Offered by Primary Care | HCA | No | Claims | Total number of patients (Age ≤ 6), who received a Fluoride Varnish (FV) application during a routine health visit with any non-dental health care provider who has received the appropriate training to apply FV. Measured and reported for Medicaid insured population only. | X | X | |
| 6 | Well Child Visits in the First Thirty Months of Life (W30) | NCQA (HEDIS) | 1392 (2019 version) | Claims | The percentage of members who had the following number of well-child visits with a PCP during the last 30 months. The following rates are reported: <ol style="list-style-type: none"> 1. <i>Well-Child Visits in the First 15 Months.</i> Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. <i>Well-Child Visits for Age 15 Months–30 Months.</i> Children who turned 30 months old during the measurement year: Two or more well-child visits. | X | X | |
| 7 | Youth Obesity (Self-reported BMI) ↓ | DOH | No | Survey (HYS) | Percentage of 10th graders self-reporting a body mass index (BMI) of >30 (calculated based on self-reported height and weight) | | X | |
| 8 | Youth Substance Use ↓ | DOH | No | Survey (HYS) | Two rates will be produced: (1) the percentage of 10th graders who smoked cigarettes in the past 30 days; and (2) the percentage of 10th graders who used electronic vapor products in the past 30 days. | | X | |

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| Primary Care and Prevention – Adults | | | | | | | | |
| 9 | Adult Obesity (Self-reported BMI) ↓ | CDC | No | Survey (BRFSS) | Age-adjusted percent of adults 18 years and older self-reporting a body mass index(BMI) of >30 (calculated based on self-reported height and weight) | | X | |
| 10 | Adult Tobacco Use (Percentage of Adults who Smoke Cigarettes) ↓ | CDC | No | Survey (BRFSS) | The percentage of adults 18 years and older who answer, "every day" or "some days" in response to the survey question, "Do you now smoke cigarettes every day, some days, or not at all?" | | X | |
| 11 | Breast Cancer Screening (BCS) | NCQA (HEDIS) | 2372 | Claims | The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. | X | X | |
| 12 | Cervical Cancer Screening (CCS) | NCQA (HEDIS) | 0032 | Claims | The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: (1) Women 21–64 years of age who had cervical cytology performed within the last 3 years; (2) Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years; (3) Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years. | X | X | |
| 13 | Chlamydia Screening in Women (CHL) | NCQA (HEDIS) | 0033 | Claims | The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. | X | X | |
| 14 | Colorectal Cancer Screening (COL) | NCQA (HEDIS) | 0034 | Claims | The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer. (Interval dependent upon screening method) | X | X | |
| 15 | Contraceptive Care – Most & Moderately Effective Methods | USPA | 2903 | Claims | The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices, or systems (IUD/IUS) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) method of contraception. | | X | |
| 16 | Influenza Immunization | AMA-PCPI | 0041 | Survey/WAIIIS | Percentage of patients aged 6 months and older seen for a visit and who received an influenza immunization OR who reported previous receipt of an influenza immunization. Two rates are reported: (1) immunization for ages 6 months - 17 years (data source IIS); and (2) immunization for 18 and older (data source: BRFSS) | | X | |
| 17 | Pneumococcal Vaccination Status for Older Adults (PNU) | CDC | No | Survey/WAIIIS | The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. | | X | |

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| Primary Care and Prevention – Adults (continued) | | | | | | | | |
| 18 | Prenatal/Postpartum Care (PPC) | NCQA (HEDIS) | 1517 | Claims/Clinical | The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care: Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. | X | | |
| 19 | Unintended Pregnancies ↓ | CDC | No | Survey (PRAMS) | Percentage of pregnancies that was unintended at the time of conception. | | X | |
| BEHAVIORAL HEALTH | | | | | | | | |
| 20 | Antidepressant Medication Management (AMM) | NCQA (HEDIS) | 0105 | Claims | The percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported: Rate 1: Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). Rate 2: Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). | X | X | |
| 21 | Depression Remission or Response for Adolescents and Adults (DRR) | NCQA (HEDIS) | No | Claims/Clinical | The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score. <ul style="list-style-type: none"> Follow-Up PHQ-9. The percentage of members who have a follow-up PHQ-9 score documented within the 4–8 months after the initial elevated PHQ-9 score. Depression Remission. The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score. Depression Response. The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score. | X | X | |

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| BEHAVIORAL HEALTH (continued) | | | | | | | | |
| 22 | Depression Screening and Follow Up for Adolescents and Adults (DSF-E) ² (New in 2022) | NCQA (HEDIS) | No | Claims/ Clinical | The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. <ul style="list-style-type: none"> Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding. | X | X | |
| 23 | Follow-Up After ED Visit for Substance Use (FUA) ³ | NCQA (HEDIS) | 3488 | Claims | The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was follow up within 30 days of the ED visit. (NCQA requires an additional reporting rate of follow-up within 7 days of the ED visit. For public reporting of the WA State Common Measure Set, we are only reporting the 30-day rate.) | X | X | |
| 24 | Follow-up After Emergency Department Visit for Mental Illness (FUM) | NCQA (HEDIS) | 3489 | Claims | The percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within 30 days of the ED visit. (NCQA requires an additional reporting rate of follow-up within 7 days of the ED visit. For public reporting of the WA State Common Measure Set, we are only reporting the 30-day rate.) | X | X | |
| 25 | Follow-up After Hospitalization for Mental Illness (FUH) | NCQA (HEDIS) | 0576 | Claims | The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days and within 30 days of discharge. | X | X | |
| 26 | Follow-up Care for Children Prescribed ADHD Medication (ADD) | NCQA (HEDIS) | 0108 | Claims | The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two reportable rates. <p>Rate 1: Initiation Phase. The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</p> <p>Rate 2: Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p> <p>Continuation and Maintenance Phase rate reported for the SCMS.</p> | X | X | |

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| BEHAVIORAL HEALTH (continued) | | | | | | | | |
| 27 | Mental Health Service Penetration (Broad Version) | DSHS - RDA | No | Claims | The percentage of members with a mental health service need who received mental health services in the measurement year. Separate reporting for two age groups: 6-17 years and 18 years and older. | X | X | |
| 28 | Psychiatric Inpatient Readmissions (30-day) ↓ | DSHS - RDA | No | Claims | For members 18 years of age and older, the number of acute inpatient psychiatric stays that were followed by an acute readmission for a psychiatric diagnosis within 30 days. Report for Medicaid only. | | X | |
| 29 | Substance Use Disorder Service Penetration | DSHS - RDA | No | Claims | The percentage of members with a substance use disorder treatment need who received a substance use disorder treatment in the measurement year. Reported for Medicaid only. Separate reporting for two age groups: 12-17 years and 18 years and older <u>Reported for Medicaid only.</u> | X | X | |
| Behavioral Health: Opioid Prescribing | | | | | | | | |
| 30 | New Opioid Patient Days Supply of First Opioid Prescription ↓ | Bree Collaborative | No | RX | Numerator: Number of patients with at least one opioid prescription in the current quarter by days' supply (day supply categories: <3, 4-7, 8-13 and >14). Denominator: Patients with at least one opioid prescription in the current quarter who have no opioids prescribed in the prior quarter; Age stratify and report results for two groups: children/adolescents aged 17 and younger, and adults aged 18 and older. | | X | |
| 31 | New Opioid patients Transitioning to Chronic Opioids ↓ | Bree Collaborative | No | RX | Numerator: Number of patients who are prescribed >60 days' supply of opioids in the current calendar quarter with at least one opioid prescription in the previous quarter, and no opioid prescription in the prior quarter. Denominator: Number of patients with at least one opioid prescription in the previous quarter who have no opioids prescribed in the prior quarter. Report as incidence per 1,000 population, age and sex adjusted. | | X | |
| 32 | Patients Prescribed High-Dose Chronic Opioid Therapy ↓ | Bree Collaborative | No | RX | Numerator: Number of patients in the population prescribed >60 days' supply of opioids at >50 mg/day or >90 mg/day MED; Denominator: Number of patients in the population prescribed >60 days' supply of opioids in the calendar quarter; Report each result as prevalence per 1,000 population, age and sex adjusted. | | X | |
| 33 | Use of Opioids at High Dosage (HDO) ↓ | NCQA (HEDIS) | No | Claims | The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year. | X | X | |

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| EFFECTIVE MANAGEMENT OF CHRONIC ILLNESS IN THE OUTPATIENT SETTING | | | | | | | | |
| 34 | Asthma Medication Ratio (AMR) | NCQA (HEDIS) | 1800 | Claims | The percentage of members 5-64 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. | X | X | |
| 35 | Blood Pressure Control for Patients With Diabetes (BPD) ³ | NCQA (HEDIS) | 0061 | Claims/ Clinical | The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year. | X | X | |
| 36 | Controlling High Blood Pressure (CBP) | NCQA (HEDIS) | 0018 | Claims/ Clinical | The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. | X | X | |
| 37 | Eye Exam for Patients with Diabetes (EED) ³ | NCQA (HEDIS) | 0055 | Claims | The percentage of members 18-75 years of age with diabetes (types 1 and type 2) who had a retinal eye exam. | X | X | |
| 38 | Hemoglobin A1c Control for Patients with Diabetes (HBD) ³ | NCQA (HEDIS) | 0059 | Claims/ Clinical | The percentage of patients 18-75 years of age with diabetes (types 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: <ul style="list-style-type: none"> HbA1c control (<8.0%). HbA1c poor control (>9.0%). ↓ | X | X | |
| 39 | Kidney Health Evaluation for Patients with Diabetes (KED) | NCQA (HEDIS) | No | Claims/ Clinical | The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. | X | X | |
| 40 | Member Experience: HP-CAHPS Health Plan Survey Composite - How Well Providers Communicate with Patients ² (New in 2022) | AHRQ | 0006 | Survey | This is one composite measure from the Health Plan-CAHPS member experience survey. It includes a composite of responses to four survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes, and never. | X | X | |
| 41 | Patient Experience with Primary Care: How Well Providers Communicate with Patients | AHRQ | 0005 | Survey | This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to four survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes, and never. | X | X | |
| 42 | Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Patient Care | AHRQ | 0005 | Survey | This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to three survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes, and never. | X | X | |

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| EFFECTIVE MANAGEMENT OF CHRONIC ILLNESS IN THE OUTPATIENT SETTING (continued) | | | | | | | | |
| 43 | Statin Therapy for Patients with Cardiovascular Disease (SPC) | NCQA (HEDIS) | No | Claims | Percentage of males 21-75 years of age and females 40-75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: (1) Received statin therapy: Members who were dispensed at least one high or moderate-intensity statin medication. (2) Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. Currently only reporting for #1, statin therapy received. | X | X | |
| 44 | Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) | NCQA (HEDIS) | 0577 | Claims | The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. | X | X | |
| ENSURING APPROPRIATE CARE – AVOIDING OVERUSE | | | | | | | | |
| 45 | Ambulatory Care (AMB) - ED Visits ↓ | NCQA (HEDIS) | No | Claims | Number of emergency department visits per 1,000 population. Is calculated in member months for Medicaid data only. Excludes encounters with any of the following: principal diagnosis of mental health or chemical dependency, psychiatry, electroconvulsive therapy, alcohol or drug rehab or detoxification. Report for Medicaid only. | | X | |
| 46 | Antibiotic Utilization for Respiratory Conditions (AXR) ² (New for 2022) | NCQA (HEDIS) | No | Claims | The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event. | X | X | |
| 47 | Appropriate Testing for Pharyngitis (CWP) | NCQA (HEDIS) | No | Claims | The percentage of episodes for members 3 years and older where the member was 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). | X | X | |
| 48 | Potentially Avoidable Use of the Emergency Room ↓ | WHA | No | Claims | The percentage of total ER visits considered potentially avoidable based on an agreed-upon list of ICD codes. This is considered a conservative measure of potentially avoidable ER use. | X | X | |
| 49 | Use of Imaging Studies for Low Back Pain (LBP) | NCQA (HEDIS) | No | Claims | The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. | X | X | |
| 50 | 30-Day All-Cause Risk-standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization ↓ | CMS | 0230 | Claims/ Clinical | Estimates the 30-day risk-standardized mortality rate for a hospital. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI, or heart attack). | | X | X |

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| EFFECTIVE HOSPITAL-BASED CARE | | | | | | | | |
| 51 | Cesarean Birth (NTSV C-Section) ↓ | TJC | 0471 | Clinical | This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of four nationally implemented measures that address perinatal care. This is PC-02. | | X | X |
| 52 | Catheter-Associated Urinary Tract Infections ↓ | CDC | 0138 | Clinical | Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) calculated among patients in bedded inpatient care locations except level II or level III neonatal intensive care units (NICU): This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavior health hospitals. | | X | X |
| 53 | Falls with Injury ↓ | ANA | No (Endorsement removed in 2020) | Clinical | Total number of patient falls with an injury level minor or greater on eligible unit types during the calendar month X 1000. Target population is adult acute care inpatient and adult rehabilitation patients. Eligible unit types include adult critical care, step-down, medical, surgical, medical-surgical combined, critical access, adult rehabilitation in-patient. | | X | X |
| 54 | Patient Experience with Hospital Care: Discharge Information and Communication About Medicines | CMS | 0166 | Survey | Results are reported for two questions included on the HCAHPS patient experience survey instrument for patients that have been hospitalized: communication about medicines and discharge information. They were selected because of their relationship to care transitions and hospital readmissions. | | X | X |
| 55 | Patient Safety for Selected Indicators (composite measure) | CMS (AHRQ) | 0531 | Claims | Patient safety for selected indicators is a weighted average of the adjusted observed-to-expected ratios for the following component indicators: (1) Pressure Ulcer Rate, (2) Iatrogenic Pneumothorax Rate, (3) Postoperative Hip Fracture Rate, (4) Postoperative Hemorrhage or Hematoma, (5) Physiologic and Metabolic Derangement, (6) Postoperative Respiratory Failure, (7) Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate, (8) Postoperative Sepsis Rate, (9) Postoperative Wound Dehiscence Rate, and (10) Accidental Puncture or Laceration Rate. | | X | X |
| 56 | Plan All-Cause Readmissions (30-day) (PCR) ↓ | NCQA (HEDIS) | No | Claims | For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. | | X | X |
| 57 | Stroke Care (STK-04): Thrombolytic Therapy | TJC | 0437 | Clinical | The proportion of acute ischemic stroke patients who arrive at hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs. | | X | X |

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| WASHINGTON STATE HEALTH CARE SPENDING | | | | | | | | |
| 58 | Annual State-Purchased Health Care Spending Growth Relative to State GDP | HCA | No | Claims | Total state health care spending in relation to the overall Washington State Gross Domestic Product (GDP). Monitoring only. | | | |
| 59 | Medicaid Per Enrollee Spending | HCA | No | Claims | Total Medicaid spending in the calendar year divided by the total number of Medicaid beneficiaries in the calendar year. Monitoring only. | | | |
| 60 | Public Employee and Dependent per Enrollee Spending | HCA | No | Claims | Total State spending for public employees and dependents in the calendar year divided by the total number of beneficiaries in the calendar year. Monitoring only. | | | |

Washington State Common Measure Set, 2022 (Notes)

1. Measure Steward Organizations:

- AHRQ = Agency for Health Care Research and Quality
- AMA-PCI = AMA-convened Physician Consortium for Performance Improvement
- ANA = American Nurses Association
- CDC = Centers for Disease Control
- CMS = Centers for Medicare and Medicaid Services
- DOH = Washington State Department of Health
- DSHS = Washington State Department of Social and Health Services
- HCA = Washington State Health Care Authority
- NCQA = National Committee for Quality Assurance
- PQA = Pharmacy Quality Alliance
- TJC = The Joint Commission
- USPA = US Office of Population Affairs
- WHA = Washington Health Alliance

2. This is a new measure that was added in 2022

3. Measure name was changed by NCQA.

↓ A lower score indicates better performance for this measure.