Quality Incentive Pool (QIP) Program Evaluation Report
Program Year 3
July 1, 2019 to June 30, 2020
Measurement Period
March 1, 2019 to February 30, 2020

October 2021

Background

Beginning with the July 1, 2017 rating period (state fiscal year 2017-18), the Department of Health Care Services (DHCS) implemented a managed care Designated Public Hospital (DPH) Quality Incentive Pool (QIP). The Department directed Medi-Cal managed care plans (MCPs) to make performance-based quality incentive payments to 17 participating DPH systems based on their performance on at least 20 of 26 specified quality measures that address primary, specialty, and inpatient care, including measures of appropriate resource utilization. QIP payments are linked to delivery of services under MCP contracts and increase the amount of funding tied to quality outcomes. To receive QIP payments, DPHs must achieve specified improvement targets, measured for all Medi-Cal beneficiaries utilizing services at the DPH, which grow more difficult through year-over-year improvement or sustained high performance requirements (see table 2 for complete list of DPHs). The total funding available for QIP payments is limited to a predetermined amount (pool). For Program Year (PY) 2, from July 1, 2018 to June 30, 2019, the Centers for Medicaid and Medicare (CMS) approved a budget of $667.85 million. PY3, from July 1, 2019 through June 30, 2020, was approved by CMS on December 17, 2018 for a budget of $701.5 million. Due to the coronavirus pandemic, the measurement period for PY3 was changed to March 1, 2019 through February 29, 2020. CMS approved the program's amended preprint with COVID-19 changes on July 30, 2020.

QIP advances the state's managed care quality strategy goal of enhancing quality in DHCS programs by supporting DPHs to deliver effective, efficient, and affordable care. This program also promotes access and value-based payment, increasing the amount of funding tied to quality outcomes, while at the same time further aligning state, MCP, and hospital system target. It integrates historical supplemental payments to come into compliance with the managed care final rule [42 Code of Federal Regulations (CFR) 438.6(c)], by linking payments to utilization and delivery of services under MCP contracts. The QIP Evaluation reports for PY1 and PY2 are posted on DHCS' QIP website and were shared with CMS.

PY3 marked changes to the QIP measure set, increasing the number of measures entities could select for reporting to 29 measures. Additionally, entities reporting on Comprehensive Diabetes Care measures were required to further stratify reported data by age, gender, and race/ethnicity. More details about the changes in the measures are outlined in QIP Policy Letter 19-002. Due to the COVID-19 Public Health Emergency (PHE), DHCS submitted and CMS approved additional amendments to the PY3 preprint, which included adjusting the PY3 measurement period to March 1, 2019 through February 29, 2020 to avoid the time frame affected by the PHE. This new measurement period had a four month overlap with the measurement period for PY2. PY3 performance targets were also adjusted to hold entities accountable for performing at or above the PY3 minimum performance benchmark established by DHCS, in contrast to the standard gap closure methodology in prior PYs. For more details, please see QIP Policy Letter 20-001.

Evaluation Purpose

The purpose of this and future program evaluations is to determine if QIP directed payments made through DHCS contracts with Medi-Cal MCPs to contracted DPHs result in improvement in the quality of inpatient and outpatient services for Medi-Cal members assigned to DPHs, which provide care to approximately 30 percent of Medi-Cal members.

Evaluation Questions

This evaluation is designed to compare PY2 and PY3 rates on the measures that DPHs report and to determine:

- For each measure, the percentage of DPHs reporting a given measure that met their quality improvement target

- For each measure, the aggregate improvement seen across all DPHs who reported on the measure

- For each DPH, the percentage of measures for which they met their quality improvement target

In PY3, hospitals were also required to stratify the three Comprehensive Diabetes Care measures by age group, gender identity, and race/ethnicity. Therefore, for this report we also included for each Comprehensive Diabetes Care measure, the aggregate rate seen across all DPHs who reported on the measure stratified by demographic group.

Evaluation Design and Methods

The state used aggregate data reported by DPHs to DHCS pertaining to the performance measures listed in Table 1 in the Quality Incentive Pool (QIP) Program Evaluation Baseline Report Program Year 1. The measure set had some changes in PY3, with the addition and removal of a few measures, bringing the number of available measures to 29, as detailed in QIP Policy Letter 19-002. Each DPH was required to report to DHCS on their choice of at least 20 out of the 29 measures in order to receive any payment. DPHs could select any 20 of the 29 measures to report in PY3, even if a DPH did not report on the measure in PY2. If a DPH selected to report a measure in PY3 that it did not report in PY2, the DPH was not required to report historical data for PY2 due to changes in target setting methodologies due to the COVID-19 PHE. The current measure set included the following additions and deletions:

- Five measures were added to the primary care category:
  - Q-PC10: Childhood Immunization Status (CIS) Combination 10
  - Q-PC11: Contraceptive Care – All Women (CCW) Most and Moderately Effective Methods, Ages 15-44 (NQF 2903)
  - Q-PC12: Chlamydia Screening in Women (CHL), Ages 16-24 (NQF 0033)
  - Q-PC13: HIV Viral Load Suppression (HVL-AD) (NQF 2082/3210e)
  - Q-PC14: Well-Child Visits in the First 15 Months of Life (W15-CH), Six or more well-child visits (NQF 1392)

- One measure was added to the resource utilization category:Q-RU6: Use of Opioids at High Dosage in Persons Without Cancer (NQF 2940)

- Three measures were deleted, two from the primary care category (Q-PC6: 7 Day Post-Discharge Follow-Up for High Risk Beneficiaries, and Q-PC8: Childhood Immunization Status Combination 3) and one from the resource unitization category (Q-RU4: Unplanned Reoperation within the 30 Day Postoperative Period).

The achievement rate for each measure was calculated by dividing the numerator by the denominator as reported by the DPH. For each DPH, measure performance was assessed by comparing each measure's PY3 achievement rate to the measure's minimum performance benchmark and assigning an Achievement Value (AV) as specified in the QIP COVID-19 PHE Amended Preprint, Attachment I. An AV would be zero if the DPH did not achieve the minimum performance benchmark. An AV would also be zero if the denominator for the measure was <30, but no measures had a denominator <30 in PY3.

DPHs submitted encrypted aggregated data collected in accordance with the QIP Reporting Manual to DHCS, using a secure online reporting system. DHCS staff reviewed the reported data for accuracy, asking questions of the hospitals and/or requesting corrected data when necessary, and then deemed the data final. DHCS conducted its analysis on 100 percent of the finalized data.

The aggregate performance rate for each measure was calculated only when DPHs reported data for both PY2 and PY3. This rate was calculated by dividing the sum of all numerators for a given measure by the sum of all denominators for that same measure. This calculation was completed for each measure reported for both PY2 and PY3. To examine the improvement seen across all DPHs who reported on each measure, DHCS then calculated the actual change and the relative percentage change in performance rates for each measure from PY2 to PY3. "Actual change" is the *absolute* difference in performance rates from PY2 to PY3 for each measure; the resulting difference is expressed in terms of percentage points. "Relative percentage change" is the difference in performance rates from PY2 to PY3 for each measure *relative* to that measure's baseline (i.e., PY2) performance rate. "Relative percentage change" is calculated by dividing each measure's actual change by its PY2 performance rate; the resulting value is then expressed as a percentage.

A draft of this report was shared with stakeholders (DPHs, California Association of Public Hospitals, California Health Care Safety Net Institute, California Association of Health Plans, Local Health Plans of California, and MCPs) in October 2021, and the final report incorporates stakeholder input.

Results

Table 1 shows that for eleven out of twelve of the primary care measures, the percentage of DPHs reporting on these measures that met their quality improvement target was 100 percent. For one of the twelve primary care measures – Well-Child Visits in the First 15 Months of Life (W15-CH), Six or More Well-Child Visits – one DPH failed to meet the minimum performance benchmark; this measure was reported by the fewest number of DPHs (5), so 80 percent of DPHs met the target for this measure. The measures that DPHs reported most commonly were two of the Comprehensive Diabetes Care measures [A1C Control (<8%) and Blood Pressure Control; 17 and 16 DPHs, respectively], Medication Reconciliation Post Discharge (17), and Immunization for Adolescents Combination 2 (15).

For the specialty care measures, the percentage of DPHs reporting on these measures that met their quality improvement target was 100 percent with 13 hospitals reporting rates for all six measures. For the inpatient care measures, the percentage of DPHs reporting on these measures that met their quality improvement target was 100 percent with most DPHs reporting on the Perioperative Care measures (17 DPHs for Selection of Prophylactic Antibiotic – 1st or 2nd Generation Cephalosporin and 16 DPHs for Venus Thromboembolism Prophylaxis). For the resource utilization measures, the percentage of DPHs reporting on these measures that met their quality improvement target was 100 percent. However, fewer hospitals reported rates for the resource utilization measures, ranging from 4 (Emergency Department Utilization of Computed Tomography for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old) to 12 (Cardiac Stress Imaging Not Meeting Appropriate Use Criteria). In aggregate across all 17 DPHs, DPHs met their targets on 99.7 percent of reported measures in PY3.

Table 1 also shows the actual change as well as the relative percentage change in aggregate performance rates from PY2 to PY3 for each measure.

- In the primary care category, the performance rates for five of the twelve measures - Diabetes Care: Eye Exam, Asthma Medication Ratio, Medication Reconciliation Post Discharge, 7-day Post-Discharge Follow-up for High-Risk Beneficiaries, and Immunizations for Adolescents Combination 2 – showed improvement from PY2 to PY3 with Asthma Medication Ratio exhibiting the largest relative improvement (26 percent) compared to the rate in PY2. The performance rates for two of the Comprehensive Diabetes Care measures – A1C

Control (<8%) and Blood Pressure Control – were worse in PY3 compared to PY2. Also, in this category, there were five new measures in PY3 that did not have PY2 data so actual and relative percentage change could not be calculated.

- In the specialty care category, five of the six measures showed improvement from PY2 to PY3; one measure – Coronary Artery Disease: ACE Inhibitor or ARB Therapy Diabetes for Left Ventricular Systolic Dysfunction – did not improve from PY2 to PY3.

- In the inpatient care category, the performance rates for two of the six measures – Surgical Site Infection and Prevention of Central Venous Catheter-Related Bloodstream Infections – each improved by over 12 percent relative to their respective PY2 rates in PY3. The performance rates for three of measures – Perioperative Care: Venous Thromboembolism Prophylaxis, Appropriate Treatment of MSSA Bacteremia, and Stroke: Discharged on Antithrombotic – were worse in PY3 compared to PY2. There was no change between PY2 and PY3 rates for the Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin,

- In the resource utilization category, the performance rates for two out of five measures – Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older and Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years and Old, – each improved relative to their respective rates in PY2. The performance rates for two measures – Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients and Concurrent Use of Opioids and Benzodiazepines – were worse in PY3 compared to PY2. In this category there was one new measure in PY3 that did not have PY2 data so actual and relative percentage change could not be calculated.

All participating hospitals reported on 20 out of 29 measures. As seen in Table 2, only one out of seventeen DPHs did not meet their adjusted quality improvement target on all of their reported measures. Also reported in this table is the number and percentage of measures for which DPHs improved from PY2 to PY3 or reported achievement rates in PY3 that were at or above the 90th percentile. Improvement was calculated only when DPHs had data from both PY2 and PY3. This table shows that ten hospitals had at least 75 percent of their measures' performance rates showing improvement or residing at or above the 90th percentile with five of those hospitals having at least 80 percent of their reported performance rates doing the same. The table also showed that seven hospitals only had 56 percent to 69 percent of their measures' performance rates showing improvement or residing at or above the 90th percentile.

Table 3 shows the PY3 aggregate rates for the three Comprehensive Diabetes Care measures stratified by different demographic groups. All 17 DPHs selected the A1C Control (<8%) measure, while 13 DPHs (77 percent) reported the Eye Exam measure, and 16 DPHs (94 percent) reported the Blood Pressure Control measure.

- When examining the age strata for Comprehensive Diabetes Care: Blood Pressure control, the better performance rates correlated with the younger adult populations, while for the A1C Control (<8%) measure, the better performance rates correlated with the older adult populations. For the Eye Exam measure, those 40 to 64 years old had higher rates.

- There were some gender differences with cis-gender women having higher aggregate rates than cis-gender men across all three diabetes measure. Transgender women had the highest rate for the Blood Pressure Control measure.

- When looking at race/ethnicity differences, Chinese Americans had the highest aggregate performance rate for all three diabetes measures, while the lowest rates varied by measure:
    - For the A1C Control measure, Hispanics had the lowest rate
    - For the Eye Exam measure, Pacific Islanders had the lowest rate
    - For the Blood Pressure Control measure, African Americans had the lowest rate

- For the A1C Control measure, while the overall Asian group had higher aggregate rates than most other groups, the Cambodian and Laotian populations had the lowest rates among the Asian subpopulations and were lower than some of the other racial/ethnic groups (Whites, American Indian/Alaskan Natives and Multi-racial). For the Eye Exam measure, Chinese, Filipino, Japanese, and Korean Americans had higher aggregate rates than other racial/ethnic groups. For the Blood Pressure Control measure, the highest aggregate rates were for the Chinese, Cambodian, Korean American, Vietnamese, and Other Asian/Other Pacific Islander groups.

Table 4 in the appendix shows the measure achievement rates for each DPH in PY2 and PY3. Table 5, also in the appendix, shows the PY3 achievement rates for the three Comprehensive Diabetes Care measures by age group, binary gender, and race/ethnicity for each DPH. When demographic data were dis-aggregated, there were small sample sizes for some gender and some racial/ethnic groups; therefore, only data for cis-gender women and cis-gender men were reported and all Asian and Pacific Islander sub-groups were combined.

Conclusion

This report provides comparisons between PY2 and PY3 for the quality of inpatient and outpatient services provided to Medi-Cal members at DPHs in the QIP program. One caveat of this report is that the measurement periods for PY2 and PY3 had four overlapping months, so caution is needed when comparing these years.

DHCS found that in PY3 for over half of measures (61 percent), there was aggregate improvement, while in the PY2 report all measures showed aggregate improvement. This difference between the proportion of measures that showed improvement compared to the year prior is possibly due to the partially overlapping measurement periods between PY2 and PY3. While PY1 and PY2 had mutually exclusive measurement periods, the measurement periods for PY2 and PY3 overlapped by 4 months. This shared portion of their measurement periods reduces the chances that a rate in PY3 would be different than in PY2. Additionally, PY3 may have had less measures show improvement than PY2 because the end of the measurement period in PY3 was shifted earlier to exclude months occurring during the COVID-19 PHE, a decision that was made after the measurement period was over. In an incentive program, participating entities often ramp up efforts related to improving performance rates at the end of a measurement period. However, because of the aforementioned shifting of the PY3 measurement period, this opportunity to improve performance at the end of the measurement period was not possible for QIP entities in PY3. Therefore, the gains in performance rates that would normally come at the end of a measurement period were not realized by participating entities.

In PY3, in aggregate across all 17 DPHs, DPHs met their payment target on 99.7 percent of reported measures, which was more than in PY2, when DPHs met their payment target on 89 percent of reported measures. In PY3, all but one DPH met all their quality improvement targets for the measures chosen; however, in PY2, only 11 out of 17 DPHs (65 percent) met all their targets. These increases in meeting payment targets from PY2 to PY3 are largely explained by the fact that performance targets were lowered in PY3 due to the COVID-19 PHE so that DPHs, in order to receive payment for a measure in PY3, were only required to perform at or above the minimum performance benchmark established by DHCS, which was often but not always the 25th percentile. In contrast, in order to receive payment for a measure in PY2, entities were required to reduce the gap between their baseline performance and the high performance benchmark (e.g., the 90th percentile) by 10 percent or, if they were already performing above the high performance benchmark, they were required to maintain performance above that threshold. This report and subsequent annual evaluation reports will be posted on the DHCS QIP website and shared with CMS.

Table 1: Rate of DPHs Meeting Quality Improvement Targets and the Actual and Relative Percentage Changes in Performance Rates from PY2 to PY3

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY2 Aggregate Performance Rate	PY3 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Primary Care							
Comprehensive Diabetes Care: A1C Control (<8%)	17	17	100.0%	0.5669	0.5530	-0.0139	**-2.4%**
Comprehensive Diabetes Care: Eye Exam	13	13	100.0%	0.6578	0.6701	0.0123	1.9%
Comprehensive Diabetes Care: Blood Pressure Control	16	16	100.0%	0.7204	0.7150	-0.0054	**-0.8%**
Asthma Medication Ratio	7	7	100.0%	0.6513	0.8236	0.1723	26.5%
Medication Reconciliation Post Discharge	17	17	100.0%	0.7000	0.7310	0.0310	4.4%
Children and Adolescent Access to PCP	7	7	100.0%				
12-24 Months	7	7	100.0%	0.9587	0.9642	0.0055	0.6%
25 Months-6 Years	7	7	100.0%	0.8723	0.8993	0.0270	3.1%
7-11 Years	7	7	100.0%	0.9016	0.9176	0.0160	1.8%
12-19 Years	7	7	100.0%	0.8810	0.8986	0.0176	2.0%
Immunizations for Adolescents Combination 2	15	15	100.0%	0.5425	0.5444	0.0019	0.3%
Childhood Immunization Status (CIS) Combination 10	14	14	100.0%		0.5263		

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY2 Aggregate Performance Rate	PY3 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Primary Care							
Contraceptive Care - All Women (CCW) Most and Moderately Effective Methods, Ages 15-44	6	6	100.0%		0.2875		
Chlamydia Screening in Women (CHL), Ages 16-24	11	11	100.0%		0.6113		
HIV Viral Load Suppression (HVL-AD)	11	11	100.0%		0.8078		
Well-Child Visits in the First 15 Months of Life (W15-CH), Six or More well-child visits	4	5	80.0%		0.6603		
Specialty Care							
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	15	15	100.0%	0.8192	0.8235	0.0043	0.4%
Coronary Artery Disease: Antiplatelet Therapy	15	15	100.0%	0.9103	0.9221	0.0117	1.2%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	16	16	100.0%	0.8527	0.8468	-0.0059	**-0.6%**
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	13	13	100.0%	0.8638	0.9065	0.0427	4.9%

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY2 Aggregate Performance Rate	PY3 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Specialty Care							
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	16	16	100.0%	0.8652	0.8691	0.0039	0.4%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	15	15	100.0%	0.8862	0.9194	0.0332	3.7%
Inpatient Care							
Surgical Site Infection↓ *(Reported as SIR)*	9	9	100.0%	0.8385	0.7268	-0.1117	-13.3%
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	17	17	100.0%	0.8472	0.8476	0.0003	0.0%
Perioperative Care: Venous Thromboembolism Prophylaxis	16	16	100.0%	0.9450	0.9295	**-0.0155**	**-1.6%**
Prevention of Central Venous Catheter - Related Bloodstream Infections	13	13	100.0%	0.6236	0.7664	0.1428	22.9%
Appropriate Treatment of MSSA Bacteremia	6	6	100.0%	0.9051	0.8987	**-0.0064**	**-0.7%**
Stroke: Discharged on Antithrombotic	11	11	100.0%	0.9628	0.9506	**-0.0121**	**-1.3%**

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY2 Aggregate Performance Rate	PY3 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Resource Utilization							
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients↓	12	12	100.0%	0.0111	0.0193	0.0082	**73.7%**
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older	6	6	100.0%	0.8715	0.9206	0.0491	5.6%
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old↓	4	4	100.0%	0.0979	0.0248	-0.0731	-74.7%
Concurrent Use of Opioids and Benzodiazepines↓	11	11	100.0%				
Rate #2	11	11	100.0%	0.0736	0.0751	0.0015	**2.0%***
Use of Opioids at high Dosage in Persons Without Cancer↓	6	6	100.0%		0.0252		

Actual change and relative change were only calculated when there was data for both PY2 and PY3

Composite SIR is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories. Observed and expected data from all 6 procedure categories are included.

↓Lower achievement rates indicate better care

* Red text indicates the performance between PY2 and PY3 did not show improvement

Table 2: The Number and Percentage of Measures For Which Each Hospital Met Their Quality Improvement Target and Showed Improvement from PY2 to PY3

DPH	No. Of Measures Hospital Met Target	Percentage of Measures Hospital Met Target	No. of Measures Hospitals Improved or ≥ 90th percentile	Percentage of Measures Hospital Improved or ≥ 90th percentile*
Alameda Health System	20	100%	12	92%
Arrowhead Regional Medical Center	20	100%	13	81%
Contra Costa Regional Medical Center	20	100%	15	83%
Kern Medical Center	20	100%	14	78%
Los Angeles County Health System	20	100%	18	100%
Natividad Medical Center	20	100%	8	53%
Riverside University Health System	20	100%	11	79%
San Francisco General Hospital	20	100%	11	69%
San Joaquin General Hospital	19	95%	10	59%
San Mateo Medical Center	20	100%	13	68%
Santa Clara Valley Medical Center	20	100%	10	63%
UC Davis Medical Center	20	100%	11	79%
UC Irvine Medical Center	20	100%	10.75	77%
UC Los Angeles Medical Center	20	100%	9	60%
UC San Diego Medical Center	20	100%	13	81%
UC San Francisco Medical Center	20	100%	11	79%
Ventura County Medical Center	20	100%	9	56%

* In the last column, the denominator is the number of measures that hospitals had both PY2 and PY3 data. Notes – Measures were only included in the counts for the last two columns if there was both PY2 and PY3 data. UC Irvine Medical Center did not improve on one of the four sub-rates for the PC7 measure, which is reflected in this table as having improved on 0.75 of the measure.

Table 3: Aggregate Rate for Each Demographic Group for the QIP Diabetes Measures

	Comprehensive Diabetes Care: A1C Control (<8%) (17 Hospitals)	Comprehensive Diabetes Care: Eye Exam (13 Hospitals)	Comprehensive Diabetes Care: Blood Pressure Control (16 Hospitals)
Age			
18-39 years	0.4173	0.5285	0.7487
40-64 years	0.5587	0.6835	0.7162
65 years and older	0.6594	0.6704	0.6642
Gender			
Cis-gender men	0.5374	0.6473	0.6944
Cis-gender women	0.5687	0.6883	0.7391
Transgender women/Trans women/Male-to-female	0.5581	0.5882	0.7674
Other**	0.5238	0.6720	0.6667
Race/Ethnicity			
Hispanic	0.5219	0.6987	0.7346
White	0.5594	0.6008	0.7046
African American	0.5449	0.5921	0.6413
American Indian/Alaska Native	0.5573	0.6716	0.7514
Asian	0.6552	0.6998	0.7266
Asian Indian	0.6708	0.6563	0.6883
Cambodian	0.5446	0.6974	0.7723
Chinese	0.6962	0.7385	0.7950
Filipino	0.6272	0.7240	0.7030
Japanese	0.6061	0.7321	0.7097
Korean	0.6443	0.7312	0.7474
Laotian	0.5455	*	a
Vietnamese	0.6882	0.6426	0.7492
Pacific Islander (PI)***	0.5347	0.4740	0.6701
Hawaiian	0.5318	0.4527	0.6608
Other Asian/Other PI****	0.6670	0.6867	0.7615
Multi-racial	0.5891	0.6663	0.7327
Other	0.5227	0.6145	0.6620

*Rate suppressed to protect confidentiality because of small numbers
**Other includes genderqueer and transgender men (because both groups had small numbers);
***Due to the small number of Guamanians and Samoans, they were combined into the Pacific Islander group along with Hawaiians; ***Other Asian/Other PI group includes Asians and PIs not otherwise specified as well as specified subgroups not seen here but found in these two documents- CDC Race and Ethnicity Code Set Version 1.0 (March 2000) in the PHIN Vocabulary Access and Distribution System (VADS), Release 3.3.918 and Hierarchy of Detailed Race and Ethnicity Spreadsheet.
a – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate

Table 4: Achievement Rates (ARs) for QIP Measures by Designated Public Hospital for PY2 and PY3

Measure	Alameda Health System		Arrowhead Regional Medical Center		Contra Costa Regional Medical Center		Kern Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Comprehensive Diabetes Care: A1C Control (<8%)		54.4%	54.0%	55.8%	58.3%	59.0%	56.8%	56.4%
Comprehensive Diabetes Care: Eye Exam	57.8%		51.3%	56.4%	62.0%	64.3%		
Comprehensive Diabetes Care: Blood Pressure Control	74.8%		61.8%	78.3%	77.1%	77.4%	71.5%	67.8%
Asthma Medication Ratio	60.2%				58.0%	72.0%	74.2%	67.4%
Medication Reconciliation Post Discharge	76.3%	87.5%		39.0%	99.6%	99.2%	83.6%	86.5%
Children and Adolescent Access to PCP			N/A		N/A	N/A		
12-24 Months			86.5%		95.4%	95.9%		
25 Months-6 Years			83.0%		86.4%	88.5%		
7-11 Years			54.4%		89.0%	89.7%		
12-19 Years			51.6%		87.3%	88.4%		
Immunizations for Adolescents Combo 2	58.8%	60.8%	54.2%	62.1%	49.9%	54.4%	36.2%	43.6%
Childhood Immunization Status (CIS) Combination 10		61.9%		42.1%		49.2%		

Measure	Los Angeles County Health System		Natividad Medical Center		Riverside University Health System		San Francisco General Hospital	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Comprehensive Diabetes Care: A1C Control (<8%)	53.2%	53.7%	53.9%	50.1%	56.3%	54.0%	61.8%	54.9%
Comprehensive Diabetes Care: Eye Exam	71.3%	71.1%		56.0%	48.0%		68.0%	60.4%
Comprehensive Diabetes Care: Blood Pressure Control	70.1%	71.1%	74.3%	68.7%	74.7%	73.2%	76.8%	72.2%
Asthma Medication Ratio	70.7%	92.3%	66.8%					
Medication Reconciliation Post Discharge	64.6%	69.5%	60.9%	57.9%	98.0%	97.9%	58.4%	73.2%
Children and Adolescent Access to PCP			N/A					N/A
12-24 Months			95.4%					95.8%
25 Months-6 Years			88.7%					86.4%
7-11 Years			91.0%					88.7%
12-19 Years			86.2%					87.9%
Immunizations for Adolescents Combo 2	63.3%	63.8%	78.0%	80.8%	37.8%	45.7%	75.2%	76.8%
Childhood Immunization Status (CIS) Combination 10		45.5%		62.1%		30.4%		61.1%

Measure	San Joaquin General Hospital		San Mateo Medical Center		Santa Clara Valley Medical Center		UC Davis Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	P32
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Comprehensive Diabetes Care: A1C Control (<8%)	52.8%	50.1%	62.1%	58.0%	59.1%	55.8%		56.6%
Comprehensive Diabetes Care: Eye Exam	50.1%	52.6%	98.8%	98.6%	68.4%	61.6%		76.4%
Comprehensive Diabetes Care: Blood Pressure Control	68.1%	66.8%	76.0%	75.0%	69.9%	65.9%		84.0%
Asthma Medication Ratio	72.7%	62.7%	62.2%	95.1%			0.0%	
Medication Reconciliation Post Discharge	95.0%	48.6%	56.8%	50.7%	52.5%	50.5%	100.0%	71.4%
Children and Adolescent Access to PCP	N/A		N/A	N/A				
12-24 Months	91.6%		100.0%	99.6%				
25 Months-6 Years	88.9%		95.0%	97.9%				
7-11 Years	86.3%		96.5%	99.3%				
12-19 Years	80.8%		95.8%	99.4%				
Immunizations for Adolescents Combo 2	57.8%	49.1%	68.8%	68.5%	48.7%	49.6%		
Childhood Immunization Status (CIS) Combination 10		44.0%		67.1%		65.1%		

Measure	UC Irvine Medical Center		UC Los Angeles Medical Center		UC San Diego Medical Center		UC San Francisco Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Comprehensive Diabetes Care: A1C Control (<8%)		51.1%	55.7%	51.0%	65.1%	63.5%	58.3%	61.4%
Comprehensive Diabetes Care: Eye Exam			38.6%	51.0%	65.3%	51.8%	66.1%	62.4%
Comprehensive Diabetes Care: Blood Pressure Control	67.0%	71.7%	77.1%	78.4%	74.6%	69.6%	73.0%	71.1%
Asthma Medication Ratio	55.7%		*	100.0%	61.0%	62.7%	57.8%	
Medication Reconciliation Post Discharge	99.1%	99.4%	100.0%	100.0%	87.5%	81.5%	99.1%	98.2%
Children and Adolescent Access to PCP	N/A	N/A	N/A	N/A				N/A
12-24 Months	99.3%	97.2%	88.1%	98.6%				96.3%
25 Months-6 Years	87.5%	88.5%	72.3%	87.5%				87.9%
7-11 Years	87.1%	89.7%	84.1%	89.8%				91.3%
12-19 Years	85.1%	88.6%	85.7%	91.3%				90.4%
Immunizations for Adolescents Combo 2	44.6%	48.3%	47.4%	44.3%				42.9%
Childhood Immunization Status (CIS) Combination 10		57.2%		41.0%				62.5%

Measure	Ventura County Medical Center	
	PY2	PY3
	AR	AR
Primary Care		
Comprehensive Diabetes Care: A1C Control (<8%)	63.3%	62.0%
Comprehensive Diabetes Care: Eye Exam	53.9%	61.3%
Comprehensive Diabetes Care: Blood Pressure Control	75.9%	75.1%
Asthma Medication Ratio	66.0%	
Medication Reconciliation Post Discharge	59.1%	60.4%
Children and Adolescent Access to PCP	N/A	N/A
12-24 Months	95.5%	95.8%
25 Months-6 Years	87.6%	89.3%
7-11 Years	90.2%	91.7%
12-19 Years	87.3%	88.5%
Immunizations for Adolescents Combo 2	38.7%	36.8%
Childhood Immunization Status (CIS) Combination 10		38.0%

Measure	Alameda Health System		Arrowhead Regional Medical Center		Contra Costa Regional Medical Center		Kern Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Contraceptive Care - All Women (CCW) Most and Moderately Effective Methods, Ages 15-44								
Chlamydia Screening in Women (CHL), Ages 16-24		55.6%		66.2%				
HIV Viral Load Suppression (HVL-AD)		84.4%						66.7%
Well-Child Visits in the First 15 Months of Life (W15-CH), Six or More well-child visits		87.2%						
Specialty Care								
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	83.5%	87.7%	65.2%	85.5%	82.4%	82.4%	95.7%	92.8%
Coronary Artery Disease: Antiplatelet Therapy	95.5%	98.1%	91.6%	92.2%	92.5%	91.5%	95.6%	97.3%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	92.0%	92.2%	71.1%	67.9%	78.8%	77.5%	93.7%	93.1%
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	91.4%		76.2%	88.7%	91.6%	91.3%	96.2%	91.5%

Measure	Los Angeles County Health System		Natividad Medical Center		Riverside University Health System		San Francisco General Hospital	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Contraceptive Care - All Women (CCW) Most and Moderately Effective Methods, Ages 15-44						28.7%		
Chlamydia Screening in Women (CHL), Ages 16-24				66.5%		64.7%		77.8%
HIV Viral Load Suppression (HVL-AD)		81.1%				78.8%		80.4%
Well-Child Visits in the First 15 Months of Life (W15-CH), Six or More well-child visits								
Specialty Care								
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	86.3%	87.0%	88.3%	86.5%	86.2%	89.4%	80.0%	79.9%
Coronary Artery Disease: Antiplatelet Therapy	92.1%	96.4%	81.6%	82.9%	89.3%		94.1%	92.5%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	89.8%	90.0%	83.5%	83.6%	88.0%	88.7%	88.2%	86.3%
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	87.2%	89.2%	88.6%	83.1%	79.1%		96.4%	97.5%

Measure	San Joaquin General Hospital		San Mateo Medical Center		Santa Clara Valley Medical Center		UC Davis Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Contraceptive Care - All Women (CCW) Most and Moderately Effective Methods, Ages 15-44								41.3%
Chlamydia Screening in Women (CHL), Ages 16-24						61.5%		55.3%
HIV Viral Load Suppression (HVL-AD)		72.1%				85.3%		
Well-Child Visits in the First 15 Months of Life (W15-CH), Six or More well-child visits		53.2%						
Specialty Care								
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	78.2%	70.1%	80.8%	80.7%	70.2%	70.5%	*	
Coronary Artery Disease: Antiplatelet Therapy	87.5%	77.3%	91.6%	91.9%	86.4%	92.2%	75.0%	78.0%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	87.6%	80.2%	90.1%	83.3%	76.8%	77.7%	a	97.3%
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	89.3%	90.6%	91.0%	91.7%	72.6%	91.1%	a	

Measure	UC Irvine Medical Center		UC Los Angeles Medical Center		UC San Diego Medical Center		UC San Francisco Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Primary Care								
Contraceptive Care - All Women (CCW) Most and Moderately Effective Methods, Ages 15-44		22.4%		32.9%		31.8%		34.2%
Chlamydia Screening in Women (CHL), Ages 16-24		61.9%		57.7%		61.7%		
HIV Viral Load Suppression (HVL-AD)				67.8%		80.2%		91.7%
Well-Child Visits in the First 15 Months of Life (W15-CH), Six or More well-child visits				60.0%				74.8%
Specialty Care								
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	81.1%	87.2%	*		93.1%	89.3%	97.0%	100.0%
Coronary Artery Disease: Antiplatelet Therapy	86.7%	81.3%	86.7%		92.5%	89.9%	98.7%	98.4%
H Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	86.4%	90.7%			87.1%	92.9%	96.0%	96.6%
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	91.2%	92.5%			89.9%	90.2%	100.0%	100.0%

Measure	Ventura County Medical Center	
	PY2	PY3
	AR	AR
Primary Care		
Contraceptive Care - All Women (CCW) Most and Moderately Effective Methods, Ages 15-44		
Chlamydia Screening in Women (CHL), Ages 16-24		52.2%
HIV Viral Load Suppression (HVL-AD)		74.6%
Well-Child Visits in the First 15 Months of Life (W15-CH), Six or More well-child visits		75.8%
Specialty Care		
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	79.8%	70.2%
Coronary Artery Disease: Antiplatelet Therapy	89.3%	87.3%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	85.5%	85.5%
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	91.0%	89.3%

Measure	Alameda Health System		Arrowhead Regional Medical Center		Contra Costa Regional Medical Center		Kern Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Specialty Care								
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	93.4%	91.0%	79.9%	90.9%	82.6%	83.6%	97.8%	98.8%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	91.5%	95.4%	61.9%	70.2%	97.6%	95.8%	96.7%	96.5%
Inpatient Care								
Surgical Site Infection↓ *(Reported as SIR)*		*		*			*	
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	99.3%	96.8%	27.1%	62.1%	97.4%	94.8%	100.0%	100.0%
Perioperative Care: Venous Thromboembolism Prophylaxis	100.0%	94.7%	85.7%	29.1%	96.8%	96.9%	99.9%	100.0%
Prevention of Central Venous Catheter - Related Bloodstream Infections	40.6%		84.4%	84.3%	87.1%	93.1%	91.3%	99.2%
Appropriate Treatment of MSSA Bacteremia	88.1%	87.9%	*					
Stroke: Discharged on Antithrombotic	86.5%	98.0%	a	91.5%			100.0%	100.0%

Measure	Los Angeles County Health System		Natividad Medical Center		Riverside University Health System		San Francisco General Hospital	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Specialty Care								
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	85.6%	83.9%	90.2%	89.2%	88.9%	86.6%	84.7%	84.3%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	89.1%	90.0%	100.0%	97.3%	89.3%		92.5%	92.5%
Inpatient Care								
Surgical Site Infection↓ *(Reported as SIR)*				*	*	*		
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	96.6%	98.1%	63.3%	64.8%	81.7%	84.7%	95.9%	91.6%
Perioperative Care: Venous Thromboembolism Prophylaxis	97.4%	96.6%	93.5%	94.4%	90.2%	99.1%	96.7%	94.6%
Prevention of Central Venous Catheter - Related Bloodstream Infections	84.1%		88.3%	81.5%	69.4%		57.0%	73.4%
Appropriate Treatment of MSSA Bacteremia	95.4%	98.6%					100.0%	100.0%
Stroke: Discharged on Antithrombotic	100.0%	100.0%			89.4%	100.0%	100.0%	

Measure	San Joaquin General Hospital		San Mateo Medical Center		Santa Clara Valley Medical Center		UC Davis Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Specialty Care								
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	94.9%	85.9%	90.8%	92.7%		88.9%	a	85.3%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	94.2%	94.8%	96.3%	98.0%	76.0%	92.8%	a	98.8%
Inpatient Care								
Surgical Site Infection↓ *(Reported as SIR)*	*	1.0038			0.8462		1.0107	0.9447
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	74.9%	96.0%	96.9%	68.4%	74.7%	89.3%	82.7%	79.5%
Perioperative Care: Venous Thromboembolism Prophylaxis	82.4%	83.9%	99.2%	98.5%	95.2%	95.1%	95.6%	91.3%
Prevention of Central Venous Catheter - Related Bloodstream Infections	90.9%	93.2%	72.4%	79.1%	32.0%	66.9%	87.4%	94.1%
Appropriate Treatment of MSSA Bacteremia					70.7%	67.4%	90.3%	92.1%
Stroke: Discharged on Antithrombotic	97.2%	99.0%			95.6%	78.3%	95.4%	93.8%

Measure	UC Irvine Medical Center		UC Los Angeles Medical Center		UC San Diego Medical Center		UC San Francisco Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Specialty Care								
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	88.7%	91.5%			92.1%	95.1%	94.1%	94.1%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	97.3%	99.4%			93.4%	98.4%	100.0%	98.4%
Inpatient Care								
Surgical Site Infection↓ *(Reported as SIR)*		0.8606	0.7787	0.6461	0.621	0.6348	0.8393	
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	80.0%	69.9%	85.6%	86.0%	75.2%	83.2%	91.8%	82.9%
Perioperative Care: Venous Thromboembolism Prophylaxis			96.6%	92.2%	74.9%	84.5%	98.4%	98.4%
Prevention of Central Venous Catheter - Related Bloodstream Infections	36.7%		80.4%	73.3%	54.7%	79.0%	43.4%	71.9%
Appropriate Treatment of MSSA Bacteremia		75.0%						
Stroke: Discharged on Antithrombotic	100.0%		100.0%	100.0%	100.0%	98.0%	96.9%	96.7%

Measure	Ventura County Medical Center	
	PY2	PY3
	AR	AR
Specialty Care		
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	86.5%	85.3%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	94.5%	88.6%
Inpatient Care		
Surgical Site Infection↓ *(Reported as SIR)*		
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	83.7%	86.6%
Perioperative Care: Venous Thromboembolism Prophylaxis	95.2%	97.9%
Prevention of Central Venous Catheter - Related Bloodstream Infections	81.8%	81.0%
Appropriate Treatment of MSSA Bacteremia		
Stroke: Discharged on Antithrombotic		

↓Lower achievement rates indicate better care

Measure	Alameda Health System		Arrowhead Regional Medical Center		Contra Costa Regional Medical Center		Kern Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Resource Utilization								
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients↓	*	0.0%	*	10.0%	*	*	0.0%	*
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older							91.2%	97.4%
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old↓								
Concurrent Use of Opioids and Benzodiazepines↓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rate #2	5.3%	*	7.0%	16.5%	7.9%	6.4%	3.3%	1.7%
Use of Opioids at high Dosage in Persons Without Cancer↓		*				4.1%		0.0%

Composite Standardized Infection Ratio (SIR) is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories. Observed and expected data from all 6 procedure categories are included.
↓Lower achievement rates indicate better care
*Rate suppressed to protect confidentiality because of small numbers
a – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate

Measure	Los Angeles County Health System		Natividad Medical Center		Riverside University Health System		San Francisco General Hospital	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Resource Utilization								
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients↓	*	0.0%	0.0%	*	0.0%	*	*	*
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older					82.5%	93.8%		
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old↓					*	*		
Concurrent Use of Opioids and Benzodiazepines↓	N/A	N/A	N/A	N/A		N/A		
Rate #2	8.6%	7.9%	7.6%	6.8%		2.8%		
Use of Opioids at high Dosage in Persons Without Cancer↓				*		2.3%		

Composite SIR is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories. Observed and expected data from all 6 procedure categories are included.

↓Lower achievement rates indicate better care

*Rate suppressed to protect confidentiality because of small numbers

a – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate

Measure	San Joaquin General Hospital		San Mateo Medical Center		Santa Clara Valley Medical Center		UC Davis Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Resource Utilization								
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients↓			*	*			a	0.0%
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older			81.9%	84.4%			80.1%	97.5%
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old↓							*	*
Concurrent Use of Opioids and Benzodiazepines↓			N/A	N/A	N/A	N/A		N/A
Rate #2			7.4%	6.2%	7.6%	11.2%		*
Use of Opioids at high Dosage in Persons Without Cancer↓								

Composite SIR is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories. Observed and expected data from all 6 procedure categories are included.

↓Lower achievement rates indicate better care

*Rate suppressed to protect confidentiality because of small numbers

a – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate

Measure	UC Irvine Medical Center		UC Los Angeles Medical Center		UC San Diego Medical Center		UC San Francisco Medical Center	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
	AR	AR	AR	AR	AR	AR	AR	AR
Resource Utilization								
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients↓	*	11.1%				*	*	
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older	58.0%		98.3%	95.9%	0.0%		77.1%	
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old↓	*	*	0.0%	0.0%	0.0%			
Concurrent Use of Opioids and Benzodiazepines↓	N/A		N/A	N/A				
Rate #2	8.3%		*	*				
Use of Opioids at high Dosage in Persons Without Cancer↓		*						

Composite SIR is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories. Observed and expected data from all 6 procedure categories are included.

↓Lower achievement rates indicate better care

*Rate suppressed to protect confidentiality because of small numbers

a – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate

Measure	Ventura County Medical Center	
	PY2	PY3
	AR	AR
Resource Utilization		
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients↓	*	
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older	73.9%	76.1%
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old↓		
Concurrent Use of Opioids and Benzodiazepines↓		
Rate #2		
Use of Opioids at high Dosage in Persons Without Cancer↓		

Composite SIR is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories. Observed and expected data from all 6 procedure categories are included.

↓Lower achievement rates indicate better care

*Rate suppressed to protect confidentiality because of small numbers

[a] – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
Alameda Health System			
Ages			
18-39 years	34.3%		
40-64 years	53.5%		
65 years and older	67.1%		
Gender			
Cis-gender men	53.7%		
Cis-gender women	54.9%		
Race/Ethnicity			
White	52.2%		
African American	52.7%		
American Indian/Alaskan Native	*		
Hispanic	48.9%		
Multi-racial	0.0%		
Other	50.0%		
Asian/Pacific Islander	63.1%		
Arrowhead Regional Medical Center			
Ages			
18-39 years	41.9%	39.7%	72.1%
40-64 years	54.6%	55.1%	82.8%
65 years and older	71.1%	73.6%	62.9%
Gender			
Cis-gender men	54.5%	55.7%	79.9%
Cis-gender women	57.1%	57.1%	76.7%
Race/Ethnicity			
White	57.0%	48.6%	78.2%
African American	53.7%	48.2%	64.8%
American Indian/Alaskan Native	*	*	*
Hispanic	54.1%	60.6%	81.9%
Multi-racial	56.7%	57.8%	82.2%
Other	a	a	a
Asian/Pacific Islander	64.6%	36.7%	55.7%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
Contra Costa Regional Medical Center			
Ages			
18-39 years	46.1%	51.4%	79.6%
40-64 years	59.6%	65.0%	77.0%
65 years and older	70.6%	75.1%	77.1%
Gender			
Cis-gender men	58.7%	61.2%	75.0%
Cis-gender women	59.0%	67.2%	79.6%
Race/Ethnicity			
White	58.2%	58.2%	75.9%
African American	57.5%	60.5%	72.2%
American Indian/Alaskan Native	*	*	a
Hispanic	54.7%	69.0%	80.2%
Multi-racial	69.1%	59.5%	69.1%
Other	54.3%	60.1%	74.6%
Asian/Pacific Islander	68.1%	67.3%	79.6%
Kern Medical Center			
Ages			
18-39 years	44.9%		70.5%
40-64 years	58.3%		67.7%
65 years and older	65.4%		63.0%
Gender			
Cis-gender men	53.7%		63.7%
Cis-gender women	58.6%		71.4%
Race/Ethnicity			
White	56.4%		66.3%
African American	56.5%		56.0%
American Indian/Alaskan Native	a		a
Hispanic	56.2%		70.4%
Multi-racial	0.0%		0.0%
Other	*		*
Asian/Pacific Islander	73.3%		76.7%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
Los Angeles County Health System			
Ages			
18-39 years	39.4%	57.1%	75.9%
40-64 years	54.7%	72.2%	71.2%
65 years and older	61.1%	77.4%	63.2%
Gender			
Cis-gender men	51.5%	67.7%	68.9%
Cis-gender women	55.8%	74.4%	73.0%
Race/Ethnicity			
White	50.6%	65.0%	67.3%
African American	55.4%	62.0%	62.6%
American Indian/Alaskan Native	65.6%	68.8%	84.4%
Hispanic	53.1%	74.6%	73.7%
Multi-racial	0.0%	0.0%	0.0%
Other	48.6%	61.3%	64.1%
Asian/Pacific Islander	63.0%	77.8%	77.6%
Natividad Medical Center			
Ages			
18-39 years	39.6%	40.1%	69.7%
40-64 years	51.8%	60.5%	68.9%
65 years and older	61.2%	55.4%	64.3%
Gender			
Cis-gender men	50.4%	53.6%	63.5%
Cis-gender women	50.3%	57.6%	72.2%
Race/Ethnicity			
White	53.0%	46.1%	64.2%
African American	45.6%	51.5%	61.8%
American Indian/Alaskan Native	*	*	*
Hispanic	47.4%	57.7%	69.1%
Multi-racial	0.0%	0.0%	0.0%
Other	68.8%	53.3%	74.7%
Asian/Pacific Islander	53.8%	59.4%	69.8%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
Riverside University Health System			
Ages			
18-39 years	41.7%		75.3%
40-64 years	55.5%		73.0%
65 years and older	65.0%		70.1%
Gender			
Cis-gender men	51.4%		70.7%
Cis-gender women	56.1%		75.4%
Race/Ethnicity			
White	56.7%		72.0%
African American	53.8%		68.5%
American Indian/Alaskan Native	*		*
Hispanic	53.1%		74.4%
Multi-racial	66.7%		a
Other	0.0%		0.0%
Asian/Pacific Islander	52.2%		74.8%
San Francisco General Hospital			
Ages			
18-39 years	41.8%	43.4%	76.4%
40-64 years	54.7%	60.7%	72.9%
65 years and older	62.3%	67.8%	66.9%
Gender			
Cis-gender men	51.1%	58.3%	70.6%
Cis-gender women	59.3%	63.3%	73.9%
Race/Ethnicity			
White	50.9%	52.7%	75.3%
African American	50.5%	46.4%	64.4%
American Indian/Alaskan Native	*	*	*
Hispanic	49.6%	65.3%	76.7%
Multi-racial	42.6%	55.3%	72.3%
Other	49.4%	60.8%	65.8%
Asian/Pacific Islander	66.6%	69.8%	73.4%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
San Joaquin General Hospital			
Ages			
18-39 years	37.1%	44.6%	70.4%
40-64 years	51.7%	53.4%	66.4%
65 years and older	58.0%	59.0%	64.1%
Gender			
Cis-gender men	48.7%	52.0%	64.6%
Cis-gender women	51.5%	53.2%	68.9%
Race/Ethnicity			
White	48.5%	48.0%	63.6%
African American	50.0%	*	55.6%
American Indian/Alaskan Native	*	*	*
Hispanic	44.1%	52.2%	69.4%
Multi-racial	0.0%	0.0%	0.0%
Other	56.4%	47.8%	61.6%
Asian/Pacific Islander	58.2%	60.4%	70.6%
San Mateo Medical Center			
Ages			
18-39 years	41.1%	96.4%	85.7%
40-64 years	57.8%	98.7%	74.1%
65 years and older	81.1%	100.0%	72.2%
Gender			
Male	57.3%	98.1%	73.2%
Female	58.7%	99.0%	76.9%
Race/Ethnicity			
White	57.3%	98.9%	72.4%
African American	60.3%	100.0%	61.8%
American Indian/Alaskan Native	*	*	*
Hispanic	52.4%	98.8%	78.2%
Multi-racial	67.7%	76.5%	76.5%
Other	64.6%	74.0%	74.0%
Asian/Pacific Islander	63.0%	98.2%	73.4%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
Santa Clara Valley Medical Center			
Ages			
18-39 years	40.7%	54.1%	73.3%
40-64 years	55.3%	65.8%	65.3%
65 years and older	67.6%	48.2%	63.8%
Gender			
Cis-gender men	57.2%	65.0%	65.6%
Cis-gender women	59.4%	62.8%	70.1%
Race/Ethnicity			
White	54.1%	65.6%	64.4%
African American	50.4%	63.2%	55.6%
American Indian/Alaskan Native	60.0%	80.0%	76.7%
Hispanic	47.5%	60.4%	66.6%
Multi-racial	51.5%	63.3%	62.8%
Other	53.7%	55.6%	70.4%
Asian/Pacific Islander	67.8%	60.2%	68.3%
UC Davis Medical Center			
Ages			
18-39 years	a	a	a
40-64 years	53.7%	82.9%	86.6%
65 years and older	*	*	*
Gender			
Cis-gender men	46.0%	75.7%	83.8%
Cis-gender women	62.3%	76.8%	84.1%
Race/Ethnicity			
White	41.9%	64.5%	74.2%
African American	a	a	a
American Indian/Alaskan Native	0.0%	0.0%	0.0%
Hispanic	a	a	a
Multi-racial	0.0%	0.0%	0.0%
Other	*	*	*
Asian/Pacific Islander	64.7%	82.4%	76.5%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
UC Irvine Medical Center			
Ages			
18-39 years	38.3%		77.1%
40-64 years	52.1%		70.6%
65 years and older	71.8%		70.5%
Gender			
Cis-gender men	52.1%		66.1%
Cis-gender women	50.4%		75.8%
Race/Ethnicity			
White	48.0%		64.6%
African American	64.5%		74.2%
American Indian/Alaskan Native	*		*
Hispanic	49.4%		71.8%
Multi-racial	*		*
Other	a		a
Asian/Pacific Islander	62.9%		77.3%
UC Los Angeles Medical Center			
Ages			
18-39 years	*	*	a
40-64 years	61.8%	50.0%	76.5%
65 years and older	*	*	*
Gender			
Cis-gender men	a	*	a
Cis-gender women	a	a	a
Race/Ethnicity			
White	*	*	a
African American	*	*	*
American Indian/Alaskan Native	0.0%	0.0%	0.0%
Hispanic	*	a	a
Multi-racial	*	*	*
Other	0.0%	0.0%	0.0%
Asian/Pacific Islander	0.0%	0.0%	0.0%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
UC San Diego Medical Center			
Ages			
18-39 years	47.7%	29.6%	65.9%
40-64 years	64.2%	55.1%	70.6%
65 years and older	74.0%	54.0%	68.0%
Gender			
Cis-gender men	65.1%	51.7%	68.6%
Cis-gender women	62.2%	52.2%	70.0%
Race/Ethnicity			
White	69.1%	a	66.9%
African American	a	a	a
American Indian/Alaskan Native	*	*	*
Hispanic	51.8%	48.2%	72.3%
Multi-racial	61.1%	63.9%	86.1%
Other	0.0%	0.0%	0.0%
Asian/Pacific Islander	70.6%	52.9%	67.6%
UC San Francisco Medical Center			
Ages			
18-39 years	42.7%	44.0%	77.3%
40-64 years	63.6%	65.8%	69.6%
65 years and older	71.2%	64.4%	72.9%
Gender			
Cis-gender men	64.0%	59.5%	72.0%
Cis-gender women	60.0%	64.7%	70.3%
Race/Ethnicity			
White	59.0%	57.7%	71.8%
African American	59.8%	55.1%	58.3%
American Indian/Alaskan Native	*	*	*
Hispanic	53.3%	55.0%	68.3%
Multi-racial	*	*	*
Other	0.0%	0.0%	0.0%
Asian/Pacific Islander	66.7%	73.0%	78.6%

	Comprehensive Diabetes Care: A1C Control (<8%)	Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Blood Pressure Control
Ventura County Medical Center			
Ages			
18-39 years	51.7%	53.0%	74.8%
40-64 years	63.0%	62.8%	75.4%
65 years and older	77.5%	62.3%	72.5%
Gender			
Cis-gender men	59.6%	58.9%	72.3%
Cis-gender women	64.0%	63.2%	77.4%
Race/Ethnicity			
White	64.2%	53.9%	76.4%
African American	57.9%	49.1%	75.4%
American Indian/Alaskan Native	a	a	a
Hispanic	58.0%	64.3%	74.3%
Multi-racial	62.5%	69.9%	75.2%
Other	*	*	*
Asian/Pacific Islander	75.5%	59.6%	76.4%

There were small sample sizes for other gender groups and some racial/ethnic groups; therefore, only cis-gender women and cis-gender men were included and all Asian/Pacific Islander groups were combined.
*Rate suppressed to protect confidentiality because of small numbers
a – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate