



Quality Incentive Pool (QIP) Program
Evaluation Report
Program Year 2
July 1, 2018 – June 30, 2019

November 2020

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. PY2 was [approved by CMS](#) on December 17, 2018.

The QIP advances the state's 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 goals. 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 [Baseline QIP Evaluation report](#) for PY1 is posted on DHCS' [QIP website](#) and was shared with CMS.

Evaluation Purpose

The purpose of this and future program evaluations is to determine if QIP directed payments made through DHCS contracts with Medi-Cal Managed Care Plans (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% of Medi-Cal members.

Evaluation Question

This evaluation is designed to report on the comparison of baseline achievement (PY1) and PY2 rates on the measures that DPHs report and to determine:

- For each measure, of public hospitals reporting on that measure, what percentage met their quality improvement goal
- For each measure, the aggregate improvement seen across all DPHs who reported on the measure
- For each public hospital, the percentage of measures for which they met their quality improvement goal

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](#). Each DPH was required to report to DHCS on their choice of at least 20 out of the 26 measures in order to receive any payment. DPHs could select any 20 of the 26 measures to report on in PY2, even if a DPH did not report on the measure in PY1. If a DPH selected to report a measure in PY2 that it did not report in PY1, the DPH was required to report historical data for PY1 (baseline data).

The measure set remained the same in PY2 as in PY1 (see Table 1 in the [Quality Incentive Pool \(QIP\) Program Evaluation Baseline Report Program Year 1](#)) with the following caveats:

- Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy—This measure changed significantly in PY2 and DPHs re-reported their baseline data using PY2 specifications to ensure a fair comparison between PYs 1 and 2. Therefore, PY1 rates in this report are different from those reported in the Baseline Report.
- Unplanned Reoperation within 30 Day Postoperative Period—This measure changed significantly in PY2 and DPHs reported an adjusted percentile and outlier status, calculated by the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP), rather than an achievement rate. DPHs re-reported their baseline using PY2 specifications to ensure a fair comparison between PYs 1 and 2, so PY1 rates are different from those in the Baseline Report.
- Concurrent Use of Opioids and Benzodiazepines—This measure has two sub rates: Rate #1 and Rate #2. In PY2, Rate #2 was reported as informational only

and was not factored into payment. The metric achievement value and payment was based only on Rate #1.

The achievement rate for each measure was calculated by dividing the numerator by the denominator as reported by the DPH. For each DPH, metric performance was assessed by comparing each metric's PY2 achievement rate to the target rate set for the metric (per DPH) and assigning an Achievement Value (AV) as specified in the [QIP PY 2 preprint, Attachment I](#). There were two cases in which an AV could be zero:

- The DPH did not achieve or make enough progress towards its target, as specified in the QIP PY2 preprint, or
- The DPH did not have a denominator of at least 30 for two consecutive PYs (PYs 1 and 2). Denominators of at least 30 are required for two consecutive PYs to ensure statistically significant comparisons. In some cases, having a denominator of less than 30 was due to a DPH having a relatively small number of assigned Medi-Cal lives that met the measure denominator criteria.

DPHs reported aggregated data on each measure to DHCS. 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% of the finalized data.

The aggregate performance rate for each metric was calculated only when DPHs reported data for both PY1 and PY2. This rate was calculated by dividing the sum of all numerators for a given metric by the sum of all denominators for that same metric. This calculation was completed for each metric in both PY1 and PY2. 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 metric from PY1 to PY2. "Actual change" is the difference in performance rates from PY1 to PY2 for each measure; the resulting difference is expressed in terms of percentage points. "Relative percentage change" is the difference in performance rates from PY1 to PY2 for each measure *relative* to that measure's baseline (i.e., PY1) performance rate. "Relative percentage change" is calculated by dividing each measure's actual change by its PY1 baseline 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, 2020, and the final report incorporates received stakeholder input.

Results

Table 1 shows that for four of the primary care measures, the percentage of DPHs who met their quality improvement goal was over 90%. Only about half of the DPHs choose to report on the Children and Adolescent Access to Primary Care Physician measure and of those only 38% met their quality improvement goal. For the specialty care measures, 15 hospitals reported rates for all six measures with most hospitals generally meeting their quality improvement goals (88% to 100%). For four of the inpatient care measures, the percentage of DPHs who meet their quality improvement goal was over 90%. As with the Baseline report, fewer hospitals reported rates for the resource utilization measures, ranging from 5 (ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old) to 13 (Cardiac Stress Imaging Not Meeting Appropriate Use Criteria). Hospitals were more likely to reach their improvement goals on two of these measures, the Cardiac Stress Imaging Not Meeting Appropriate Use Criteria (92%) and Concurrent Use of Opioids and Benzodiazepines (91%).

Table 1 also shows the actual change as well as the relative percentage change in aggregate performance rates from PY1 to PY2 for each measure. In aggregate across all 17 DPH, DPHs met their goals on 89% of reported metrics.

- In the Primary Care category, the performance rates for four measures - Diabetes Care: Eye Exam, Asthma Medication Ratio, Medication Reconciliation Post Discharge, and 7-day Post-Discharge Follow-up for High-Risk Beneficiaries – each improved by over 20% relative to their respective baseline rates in PY1.
- In the Specialty Care category, the performance rate for Coronary Artery Disease (CAD): Beta-Blocker Therapy exhibited the greatest relative percentage change with its performance rate improving by 13.5% relative to its baseline rate in PY1.
- In the Inpatient Care category, the performance rates for four measures – Surgical Site Infection, Perioperative Care: Selection of Prophylactic Antibiotic, Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis, and Prevention of Central Venous Catheter-Related Bloodstream Infections – each improved by over 15% relative to their respective baseline rates in PY1.
- In the Resource Utilization category, the performance rates for two measures – Cardiac Stress Imaging Not Meeting Appropriate Use Criteria and Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older – each improved by over 15% relative to their respective baseline rates in PY1. Because of the aforementioned changes to its technical specification, the relative percentage change in performance rate for Unplanned Reoperation within the 30 Day Postoperative Period could not be calculated.

All participating hospitals reported on 20 out of 26 measures; however, as seen in Table 2, some did not meet their quality improvement goal on all of their reported measures.

Almost half of all hospitals (8 hospitals, 47%) met their quality improvement goal for all 20 measures, while three (18%) met their goal for 19 out of 20 measures and four met their goal for 75%-85% of measures. One hospital met their goal for 65% of measures and one for 25% of measures. The hospital meeting its goal for only 25% of measures had a denominator of less than 30 for 9 (45%) measures.

Conclusion

This report provides comparisons between PY1 (baseline) and PY2 for the quality of inpatient and outpatient services provided to Medi-Cal members at DPHs in the QIP program. Table 3 in the appendix shows achievement rates and achievement values for QIP measures by DPH for PY1 and PY2. DPHs were most likely to show quality improvement in the specialty care and inpatient care measures and least likely to show improvement in the primary care measures. DHCS found that for each measure, there was aggregate improvement, as reported by both absolute and relative difference. In aggregate across all 17 DPHs, DPHs met their goals on 89% of reported metrics. Almost half of the DPHs (47%) met all their quality improvement goals for the measures chosen. 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 Goals and the Actual and Relative Percentage Changes in Performance Rates from PY1 to PY2

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY1 Aggregate Performance Rate	PY2 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Primary Care							
Comprehensive Diabetes Care: A1C Control (<8%)	12	14	86%	0.554	0.567	+0.013	+2.3%
Comprehensive Diabetes Care: Eye Exam	12	13	92%	0.538	0.646	+0.108	+20.1%
Comprehensive Diabetes Care: Blood Pressure Control	15	16	94%	0.684	0.722	+0.038	+5.5%
Asthma Medication Ratio	10	13	77%	0.524	0.645	+0.121	+23.0%
Medication Reconciliation Post Discharge	16	16	100%	0.560	0.700	+0.140	+24.9%
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	12	15	80%	0.323	0.400	+0.077	+23.8%
Children and Adolescent Access to PCP	3	8	38%				
12-24 Mos	5	8	63%	0.943	0.956	+0.013	+1.3%
25 Mos-6 Yrs	5	8	63%	0.851	0.875	+0.025	+2.9%
7-11 Years	4	8	50%	0.839	0.888	+0.049	+5.9%
12-19 Years	4	8	50%	0.799	0.856	+0.057	+7.2%

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY1 Aggregate Performance Rate	PY2 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Primary Care							
Childhood Immunization Status Combination 3	11	13	85%	0.799	0.845	+0.046	+5.7%
Immunizations for Adolescents Combination 2	14	14	100%	0.516	0.543	+0.027	+5.2%
Specialty Care							
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	15	17	100%	0.755	0.819	+0.064	+8.4%
Coronary Artery Disease: Antiplatelet Therapy	16	17	94%	0.883	0.909	+0.026	+3.0%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	15	16	94%	0.811	0.853	+0.042	+5.1%
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	15	16	94%	0.760	0.863	+0.103	+13.5%

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY1 Aggregate Performance Rate	PY2 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	14	15	93%	0.804	0.865	+0.061	+7.6%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	14	16	88%	0.845	0.887	+0.041	+4.9%
Inpatient Care							
Surgical Site Infection [↓] (Reported as SIR)	6	8	75%	1.076	0.848	-0.228	-21.2%
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	16	17	94%	0.706	0.847	+0.141	+20.0%
Perioperative Care: Venous Thromboembolism Prophylaxis	15	16	94%	0.823	0.945	+0.122	+14.9%
Prevention of Central Venous Catheter - Related Bloodstream Infections	17	17	100%	0.233	0.574	+0.341	+146.2%

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY1 Aggregate Performance Rate	PY2 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Inpatient Care							
Appropriate Treatment of MSSA Bacteremia	3	6	50%	0.841	0.883	+0.042	+5.1%
Stroke: Discharged on Antithrombotic	12	13	92%	0.916	0.970	+0.054	+5.9%
Resource Utilization							
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]	12	13	92%	0.014	0.011	-0.003	-18.6%
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older	7	9	78%	0.551	0.778	+0.227	+41.1%
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]	4	5	80%	0.108	0.098	-0.010	-9.5%
Unplanned Reoperation within the 30 Day Postoperative Period [↓]	3	6	50%			-----	-----
Adjusted Percentile	0	6	0%	0.182			
Outlier Status	0	0	0%				

Measure	Number of DPHs Meeting Goal	Number of DPHs Reporting	Percentage of DPHs Meeting Goal	PY1 Aggregate Performance Rate	PY2 Aggregate Performance Rate	Actual Change in Performance Rates	Relative Percentage Change in Performance Rates
Resource Utilization							
Concurrent Use of Opioids and Benzodiazepines [↓]	10	11	91%				
Rate #1	10	11	91%	0.073	0.063	-0.010	-13.2%
Rate #2	11	11	100%	0.092	0.076	-0.016	-17.9%

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

---- Because of the aforementioned changes to its technical specification, the relative percentage change in performance rate for Unplanned Reoperation within the 30 Day Postoperative Period could not be calculated

Table 2: The Number and Percentage of Measures For Which Each Hospital Met Their Quality Improvement Goal

DPH	Number Of Measures For Which Hospital Met Goal	Percentage of Measures For Which Hospital Met Goal
Alameda Health System	20	100%
Arrowhead Regional Medical Center	15	75%
Contra Costa Regional Medical Center	20	100%
Kern Medical Center	20	100%
Los Angeles County Health System	20	100%
Natividad Medical Center	19	95%
Riverside University Health System	20	100%
San Francisco General Hospital	20	100%
San Joaquin General Hospital	16	80%
San Mateo Medical Center	20	100%
Santa Clara Valley Medical Center	16	80%
UC Davis Medical Center	5	25%
UC Irvine Medical Center	19	95%
UC Los Angeles Medical Center	13	65%
UC San Diego Medical Center	17	85%
UC San Francisco Medical Center	20	100%
Ventura County Medical Center	19	95%

Note – The following hospitals were unable to meet their goals because for some measures their denominator was less than 30: Arrowhead Regional Medical Center 3 measures; UC Davis Medical Center 9 measures; UC Los Angeles Medical Center 3 measures; and UC San Diego Medical Center 2 measures.

APPENDIX

Table 3: Achievement Rates (ARs) and Achievement Values (AVs) for QIP Measures by Designated Public Hospital for PY1 and PY2

Measure	Alameda Health System			Arrowhead Regional Medical Center			Contra Costa Regional Medical Center			Kern Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Comprehensive Diabetes Care: A1C Control (<8%)	55.3%			54.3%	54.0%	0	57.7%	58.3%	1	55.0%	56.8%	1
Comprehensive Diabetes Care: Eye Exam	51.0%	57.8%	1	34.8%	51.3%	1	55.7%	62.0%	1	43.0%		
Comprehensive Diabetes Care: Blood Pressure Control	72.7%	74.8%	1	36.9%	61.8%	1	75.7%	77.1%	1	69.7%	71.5%	1
Asthma Medication Ratio	58.7%	60.2%	1				53.0%	58.0%	1	*	74.2%	1
Medication Reconciliation Post Discharge	51.9%	76.3%	1	68.4%			99.4%	99.6%	1	67.9%	83.6%	1
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	24.2%	33.6%	1	52.7%	68.4%	1	45.0%	59.9%	1	25.8%	48.0%	1
Children and Adolescent Access to PCP					N/A	0		N/A	1			
12-24 Months	89.5%			*	86.5%	0	93.4%	95.4%	1	72.9%		
25 Months-6 Years	76.6%			74.2%	83.0%	0	83.2%	86.4%	1	60.7%		
7-11 Years	78.1%			76.6%	54.4%	0	85.4%	89.0%	1	54.8%		
12-19 Years	70.2%			71.8%	51.6%	0	83.3%	87.3%	1	52.2%		

Measure	Los Angeles County Health System			Natividad Medical Center			Riverside University Health System			San Francisco General Hospital		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Comprehensive Diabetes Care: A1C Control (<8%)	52.5%	53.2%	1	51.4%	53.9%	1	51.9%	56.3%	1	61.9%	61.8%	1
Comprehensive Diabetes Care: Eye Exam	71.9%	71.3%	1	62.3%			11.4%	48.0%	1	66.2%	68.0%	1
Comprehensive Diabetes Care: Blood Pressure Control	66.1%	70.1%	1	73.6%	74.3%	1	59.8%	74.7%	1	75.6%	76.8%	1
Asthma Medication Ratio	47.6%	70.7%	1	65.0%	66.8%	1						
Medication Reconciliation Post Discharge	45.7%	64.6%	1	57.5%	60.9%	1	65.4%	98.0%	1	56.2%	58.4%	1
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries				48.9%	67.9%	1	32.2%	41.7%	1	49.4%	54.6%	1
Children and Adolescent Access to PCP					N/A	0.75						
12-24 Months	85.8%			94.9%	95.4%	1				96.9%		
25 Months-6 Years	67.8%			90.9%	88.7%	0				89.1%		
7-11 Years	68.7%			89.3%	91.0%	1				89.7%		
12-19 Years	65.0%			84.2%	86.2%	1				88.4%		

Measure	San Joaquin General Hospital			San Mateo Medical Center			Santa Clara Valley Medical Center			UC Davis Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Comprehensive Diabetes Care: A1C Control (<8%)	50.0%	52.8%	1	63.1%	62.1%	1	54.9%	59.1%	1	0.0%		
Comprehensive Diabetes Care: Eye Exam	47.3%	50.1%	1	98.4%	98.8%	1	48.3%	68.4%	1	0.0%		
Comprehensive Diabetes Care: Blood Pressure Control	72.3%	68.1%	0	73.8%	76.0%	1	67.5%	69.9%	1	0.0%		
Asthma Medication Ratio	72.0%	72.7%	1	60.6%	62.2%	1				0.0%	0.0%	0
Medication Reconciliation Post Discharge	44.3%	95.0%	1	48.2%	56.8%	1	37.5%	52.5%	1	77.3%	100.0%	1
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	54.8%	59.1%	1				9.6%	19.3%	0	84.5%	*	0
Children and Adolescent Access to PCP		N/A	0.25		N/A	1						
12-24 Months	92.3%	91.6%	0	100.0%	100.0%	1						
25 Months-6 Years	75.4%	88.9%	1	91.2%	95.0%	1						
7-11 Years	71.2%	86.3%	0	85.4%	96.5%	1						
12-19 Years	67.7%	80.8%	0	79.4%	95.8%	1						

Measure	UC Irvine Medical Center			UC Los Angeles Medical Center			UC San Diego Medical Center			UC San Francisco Medical Center		
	PY1	PY2		PY1	PY2		P	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Comprehensive Diabetes Care: A1C Control (<8%)	44.6%			56.5%	55.7%	0	69.0%	65.1%	1	54.7%	58.3%	1
Comprehensive Diabetes Care: Eye Exam	10.6%			35.9%	38.6%	0	57.6%	65.3%	1	65.7%	66.1%	1
Comprehensive Diabetes Care: Blood Pressure Control	64.9%	67.0%	1	73.9%	77.1%	1	69.8%	74.6%	1	66.1%	73.0%	1
Asthma Medication Ratio	50.8%	55.7%	1	a	*	0	73.0%	61.0%	0	52.2%	57.8%	1
Medication Reconciliation Post Discharge	53.8%	99.1%	1	69.7%	100.0%	1	61.6%	87.5%	1	48.7%	99.1%	1
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	40.3%	51.8%	1	*	*	0	45.5%	56.9%	1	60.2%	65.7%	1
Children and Adolescent Access to PCP		N/A	0.5		N/A	0						
12-24 Months	96.6%	99.3%	1	97.0%	88.1%	0	0.0%			91.8%		
25 Months-6 Years	81.0%	87.5%	1	84.6%	72.3%	0	a			80.5%		
7-11 Years	84.4%	87.1%	0	88.7%	84.1%	0	*			86.7%		
12-19 Years	82.8%	85.1%	0	90.1%	85.7%	0	*			88.4%		

Measure	Ventura County Medical Center		
	PY1	PY2	
	AR	AR	AV
Primary Care			
Comprehensive Diabetes Care: A1C Control (<8%)	59.8%	63.3%	1
Comprehensive Diabetes Care: Eye Exam	42.7%	53.9%	1
Comprehensive Diabetes Care: Blood Pressure Control	74.2%	75.9%	1
Asthma Medication Ratio	50.3%	66.0%	1
Medication Reconciliation Post Discharge	54.1%	59.1%	1
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	47.2%	52.6%	1
Children and Adolescent Access to PCP		N/A	1
12-24 Months	93.8%	95.5%	1
25 Months-6 Years	84.5%	87.6%	1
7-11 Years	82.1%	90.2%	1
12-19 Years	78.6%	87.3%	1

Measure	Alameda Health System			Arrowhead Regional Medical Center			Contra Costa Regional Medical Center			Kern Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Childhood Immunization Status Combo 3	82.8%	87.4%	1	47.9%	69.5%	1	82.4%	85.2%	1	24.5%		
Immunizations for Adolescents Combo 2	61.6%	58.8%	1	58.1%	54.2%	1	48.5%	49.9%	1	31.1%	36.2%	1
Specialty Care												
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	78.8%	83.5%	1	14.8%	65.2%	1	76.1%	82.4%	1	93.5%	95.7%	1
Coronary Artery Disease: Antiplatelet Therapy	97.4%	95.5%	1	29.2%	91.6%	1	91.2%	92.5%	1	92.0%	95.6%	1
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	92.7%	92.0%	1	24.9%	71.1%	1	76.2%	78.8%	1	88.7%	93.7%	1
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	93.1%	91.4%	1	24.4%	76.2%	1	88.1%	91.6%	1	89.7%	96.2%	1
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	93.3%	93.4%	1	38.3%	79.9%	1	81.3%	82.6%	1	95.4%	97.8%	1
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	87.0%	91.5%	1	40.8%	61.9%	1	94.5%	97.6%	1	96.0%	96.7%	1

Measure	Los Angeles County Health System			Natividad Medical Center			Riverside University Health System			San Francisco General Hospital		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Childhood Immunization Status Combo 3	86.4%	82.7%	1	87.9%	86.2%	1				90.2%	87.1%	1
Immunizations for Adolescents Combo 2	55.4%	63.3%	1	72.9%	78.0%	1	33.7%	37.8%	1	65.4%	75.2%	1
Specialty Care												
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	78.8%	86.3%	1	86.7%	88.3%	1	81.1%	86.2%	1	78.4%	80.0%	1
Coronary Artery Disease: Antiplatelet Therapy	93.2%	92.1%	1	80.1%	81.6%	1	85.6%	89.3%	1	93.9%	94.1%	1
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	86.3%	89.8%	1	82.6%	83.5%	1	86.7%	88.0%	1	86.4%	88.2%	1
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	85.3%	87.2%	1	82.3%	88.6%	1	66.4%	79.1%	1	96.1%	96.4%	1
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	78.8%	85.6%	1	80.0%	90.2%	1	84.2%	88.9%	1	85.9%	84.7%	1
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	89.7%	89.1%	1	68.6%	100.0%	1	81.0%	89.3%	1	94.3%	92.5%	1

Measure	San Joaquin General Hospital			San Mateo Medical Center			Santa Clara Valley Medical Center			UC Davis Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Childhood Immunization Status Combo 3	72.8%	77.4%	1	67.6%	89.3%	1	75.7%	87.9%	1	0.0%	*	0
Immunizations for Adolescents Combo 2	52.3%	57.8%	1	66.3%	68.8%	1	51.0%	48.7%	1			
Specialty Care												
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	70.4%	78.2%	1	78.9%	80.8%	1	65.4%	70.2%	1	*	*	0
Coronary Artery Disease: Antiplatelet Therapy	83.2%	87.5%	1	89.0%	91.6%	1	83.9%	86.4%	1	76.5%	75.0%	0
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	86.8%	87.6%	1	88.8%	90.1%	1	71.8%	76.8%	1	a	a	0
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	83.7%	89.3%	1	89.9%	91.0%	1	35.4%	72.6%	1	a	a	0
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	76.3%	94.9%	1	89.8%	90.8%	1	0.0%			*	a	0
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	76.3%	94.2%	1	70.9%	96.3%	1	0.0%	76.0%	0	*	a	0

Measure	UC Irvine Medical Center			UC Los Angeles Medical Center			UC San Diego Medical Center			UC San Francisco Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Primary Care												
Childhood Immunization Status Combo 3	71.7%	76.5%	1	67.1%	68.0%	0.75	0.0%			80.5%	83.9%	1
Immunizations for Adolescents Combo 2	41.9%	44.6%	1	30.3%	47.4%	1	0.0%			46.3%		
Specialty Care												
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	73.1%	81.1%	1	*	*	0	94.3%	93.1%	1	89.5%	97.0%	1
Coronary Artery Disease: Antiplatelet Therapy	79.2%	86.7%	1	68.4%	86.7%	1	84.1%	92.5%	1	89.8%	98.7%	1
H Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	83.9%	86.4%	1	a			65.4%	87.1%	1	70.5%	96.0%	1
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	89.0%	91.2%	1	a			75.8%	89.9%	1	78.6%	100.0%	1
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	81.1%	88.7%	1	*			83.3%	92.1%	1	82.5%	94.1%	1
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	83.3%	97.3%	1	*			94.4%	93.4%	1	67.5%	100.0%	1

Measure	Ventura County Medical Center		
	PY1	PY2	
	AR	AR	AV
Primary Care			
Childhood Immunization Status Combo 3	79.9%		
Immunizations for Adolescents Combo 2	33.8%	38.7%	1
Specialty Care			
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	75.3%	79.8%	1
Coronary Artery Disease: Antiplatelet Therapy	85.4%	89.3%	1
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	81.3%	85.5%	1
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	86.6%	91.0%	1
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	89.2%	86.5%	1
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	91.8%	94.5%	1

Measure	Alameda Health System			Arrowhead Regional Medical Center			Contra Costa Regional Medical Center			Kern Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Inpatient Care												
Surgical Site Infection [†] (Reported as SIR)	*			*			*			1.7836	*	1
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	99.4%	99.3%	1	0.0%	27.1%	1	96.5%	97.4%	1	100.0%	100.0%	1
Perioperative Care: Venous Thromboembolism Prophylaxis	100.0%	100.0%	1	*	85.7%	1	98.1%	96.8%	1	100.0%	99.9%	1
Prevention of Central Venous Catheter - Related Bloodstream Infections	3.7%	40.6%	1	40.0%	84.4%	1	*	87.1%	1	96.2%	91.3%	1
Appropriate Treatment of MSSA Bacteremia	83.0%	88.1%	1	*	*	0						
Stroke: Discharged on Antithrombotic	62.2%	86.5%	1	a	a	0				96.9%	100.0%	1

Measure	Los Angeles County Health System			Natividad Medical Center			Riverside University Health System			San Francisco General Hospital		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Inpatient Care												
Surgical Site Infection ⁺ (Reported as SIR)	0.4895			*			1.2177	*	1			
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	91.9%	96.6%	1	42.6%	63.3%	1	75.3%	81.7%	1	95.3%	95.9%	1
Perioperative Care: Venous Thromboembolism Prophylaxis	80.8%	97.4%	1	64.1%	93.5%	1	10.3%	90.2%	1	96.8%	96.7%	1
Prevention of Central Venous Catheter - Related Bloodstream Infections	57.8%	84.1%	1	80.5%	88.3%	1	30.8%	69.4%	1	0.0%	57.0%	1
Appropriate Treatment of MSSA Bacteremia	98.1%	95.4%	1							100.0%	100.0%	1
Stroke: Discharged on Antithrombotic	99.5%	100.0%	1				84.6%	89.4%	1	100.0%	100.0%	1

Measure	San Joaquin General Hospital			San Mateo Medical Center			Santa Clara Valley Medical Center			UC Davis Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Inpatient Care												
Surgical Site Infection [↓] (<i>Reported as SIR</i>)		1.5356	0				1.0675	0.8462	1	0.9128	1.0107	0
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	71.6%	74.9%	1	96.5%	96.9%	1	71.8%	74.7%	1	85.0%	82.7%	0
Perioperative Care: Venous Thromboembolism Prophylaxis	83.7%	82.4%	0	66.9%	99.2%	1	96.1%	95.2%	1	98.5%	95.6%	1
Prevention of Central Venous Catheter - Related Bloodstream Infections	93.8%	90.9%	1	45.6%	72.4%	1	11.8%	32.0%	1	53.2%	87.4%	1
Appropriate Treatment of MSSA Bacteremia	^a						85.3%	70.7%	0	^a	90.3%	0
Stroke: Discharged on Antithrombotic	79.1%	97.2%	1				96.4%	95.6%	1	100.0%	95.4%	1

Measure	UC Irvine Medical Center			UC Los Angeles Medical Center			UC San Diego Medical Center			UC San Francisco Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Inpatient Care												
Surgical Site Infection [↓] (<i>Reported as SIR</i>)	1.0099			0.8464	0.7787	1	1.4551	0.6210	1	0.8812	0.8393	1
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	56.0%	80.0%	1	80.7%	85.6%	1	61.8%	75.2%	1	64.9%	91.8%	1
Perioperative Care: Venous Thromboembolism Prophylaxis	41.7%			93.3%	96.6%	1	61.5%	74.9%	1	90.7%	98.4%	1
Prevention of Central Venous Catheter - Related Bloodstream Infections	2.6%	36.7%	1	23.0%	80.4%	1	39.8%	54.7%	1	1.6%	43.4%	1
Appropriate Treatment of MSSA Bacteremia	^a			73.2%			^a			51.6%		
Stroke: Discharged on Antithrombotic	92.2%	100.0%	1	100.0%	100.0%	1	98.1%	100.0%	1	84.2%	96.9%	1

Measure	Ventura County Medical Center		
	PY1	PY2	
	AR	AR	AV
Inpatient Care			
Surgical Site Infection [↓] (<i>Reported as SIR</i>)	*		
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	82.1%	83.7%	1
Perioperative Care: Venous Thromboembolism Prophylaxis	95.3%	95.2%	1
Prevention of Central Venous Catheter - Related Bloodstream Infections	0.0%	81.8%	1
Appropriate Treatment of MSSA Bacteremia			
Stroke: Discharged on Antithrombotic			

Measure	Alameda Health System			Arrowhead Regional Medical Center			Contra Costa Regional Medical Center			Kern Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Resource Utilization												
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]	0.0%	*	1	*	*	1	*	*	1	0.0%	0.0%	1
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older										100.0%	91.2%	1
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]												
Unplanned Reoperation within the 30 Day Postoperative Period [↓]				*						1.1%		
Adjusted Percentile												
Outlier Status												
Concurrent Use of Opioids and Benzodiazepines [↓]		N/A	1		N/A	0		N/A	1		N/A	1
Rate #1	6.1%	*	1	24.4%	^a	0	7.2%	6.7%	1	12.2%	4.9%	1
Rate #2	6.8%	5.3%	1	26.3%	7.0%	1	9.6%	7.9%	1	11.1%	3.3%	1

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	Los Angeles County Health System			Natividad Medical Center			Riverside University Health System			San Francisco General Hospital		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Resource Utilization												
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]	*	*	1	*	0.0%	1	0.0%	0.0%	1	*	*	1
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older							79.5%	82.5%	1			
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]							*	*	1			
Unplanned Reoperation within the 30 Day Postoperative Period [↓]				*	N/A	1	*					
Adjusted Percentile				61	57	N/A						
Outlier Status					N/A	N/A						
Concurrent Use of Opioids and Benzodiazepines [↓]		N/A	1		N/A	1					N/A	1
Rate #1	4.7%	4.9%	1	7.0%	*	1	3.7%			11.4%	8.7%	1
Rate #2	9.4%	8.6%	1	9.1%	7.6%	1	4.5%			11.4%	9.4%	1

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.

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Measure	San Joaquin General Hospital			San Mateo Medical Center			Santa Clara Valley Medical Center			UC Davis Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Resource Utilization												
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]				*	*	1				a	a	0
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older				80.8%	81.9%	1				88.0%	80.1%	0
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]										12.4%	*	1
Unplanned Reoperation within the 30 Day Postoperative Period [↓]							1.2%	N/A	0	3.0%	N/A	0
Adjusted Percentile							32	42	N/A	45	67	N/A
Outlier Status								N/A	N/A		N/A	N/A
Concurrent Use of Opioids and Benzodiazepines [↓]					N/A	1		N/A	1			
Rate #1				7.7%	7.4%	1	6.5%	6.2%	1			
Rate #2				8.4%	7.4%	1	7.1%	7.6%	1			

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.

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Measure	UC Irvine Medical Center			UC Los Angeles Medical Center			UC San Diego Medical Center			UC San Francisco Medical Center		
	PY1	PY2		PY1	PY2		PY1	PY2		PY1	PY2	
	AR	AR	AV	AR	AR	AV	AR	AR	AV	AR	AR	AV
Resource Utilization												
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]	*	*	1	*			*			8.4%	*	1
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older	17.9%	58.0%	1	91.8%	98.3%	1	0.0%	0	0	42.9%	77.1%	1
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]	*	*	1	0.0%	0.0%	1	0.0%	0	0	*		
Unplanned Reoperation within the 30 Day Postoperative Period [↓]	2.4%			2.3%	N/A	1	3.1%	N/A	1	2.8%		
Adjusted Percentile				40	33	N/A	64	24	N/A			
Outlier Status					N/A	N/A		N/A	N/A			
Concurrent Use of Opioids and Benzodiazepines [↓]		N/A	1		N/A	1						
Rate #1	16.0%	10.6%	1	*	*	1	a			14.8%		
Rate #2	11.1%	8.3%	1	*	*	1	73.0%			13.7%		

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

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

Measure	Ventura County Medical Center		
	PY1	PY2	
	AR	AR	AV
Resource Utilization			
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]	*	*	1
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older	61.7%	73.9%	1
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]			
Unplanned Reoperation within the 30 Day Postoperative Period [↓]	2.0%	N/A	0
Adjusted Percentile	39	44	N/A
Outlier Status		N/A	N/A
Concurrent Use of Opioids and Benzodiazepines [↓]			
Rate #1			
Rate #2			

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

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