HEDIS/CAHPS 101

August 13, 2012
Minnesota Measurement and Reporting Workgroup
Objectives

• Provide introduction to NCQA
• Identify HEDIS/CAHPS basics
• Discuss various components related to HEDIS/CAHPS usage, including
  – State use, specifically Minnesota
  – Issuer performance variation
  – Consumer display
  – Composite vs. individual measures
NCQA BACKGROUND
**NCQA’S Mission and Vision**

To improve the quality of health care

<table>
<thead>
<tr>
<th>Measurement</th>
<th>We can’t improve what we don’t measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transparency</td>
<td>For measurement to be accepted we have to show how we measure</td>
</tr>
<tr>
<td>Accountability</td>
<td>Once we can measure we can expect and track improvement</td>
</tr>
</tbody>
</table>
# How NCQA Measures Quality

<table>
<thead>
<tr>
<th>Standards</th>
<th>Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure and Process</strong></td>
<td><strong>Process and Outcomes</strong></td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td></td>
</tr>
<tr>
<td>Patient – Centered Medical Home (e.g., After hours access)</td>
<td>HEDIS (e.g., comprehensive diabetes care)</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td></td>
</tr>
<tr>
<td>• Expedient to review</td>
<td>• Measurement alone may improve outcomes</td>
</tr>
<tr>
<td>• One standard may relate to several outcomes</td>
<td></td>
</tr>
<tr>
<td>• More predictive of subsequent performance</td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td></td>
</tr>
<tr>
<td>• Generally not actionable</td>
<td>• Sample size constraints</td>
</tr>
<tr>
<td></td>
<td>• Expense of clinical data collection</td>
</tr>
</tbody>
</table>
Performance Measures: Cornerstone of NCQA Work

Measure developed, tested, approved for release

Plans & providers collect data and submit results to NCQA

Auditors validate results

NCQA uses/reports measure results

Quality Compass
State of Health Care Report
Health Insurance Rankings

Results to States
Report Cards

Medicare Advantage Results to CMS

Quality Dividend Calculator
Accreditation, Recognition Scoring
HEDIS 2013 Measurement

HEDIS = An evolving set of standard specifications for measuring performance of health plans, physicians and physician groups

80 measures across 5 domains of care
- Effectiveness of Care (48)
- Access/Availability of Care (6)
- Experience of Care (3)
- Utilization and Relative Resource Use (16)
- Health Plan Descriptive Information (7)
## I. Measure Selection - National Groups Have Prioritized Domains and Gaps for Measurement

<table>
<thead>
<tr>
<th>Content Areas (Combination of NQS priorities/recurring concepts)</th>
<th>Identified National Quality Priorities</th>
<th>Identification of Specific Performance Measure Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthy Living and Well-Being</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2. Person and Family Centered Care</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3. Communication and Care Coordination</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4. Special Populations (e.g., dual-eligible’s)</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5. Safety</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6. Health Care Disparities</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>7. Affordable Care &amp; Efficiency</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>8. Clinical Topics (e.g., cardiovascular care)</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
1. Measure Selection - Internal Investment and External Funding

Internal Investment
- HEDIS (health plan, physician, ACO)
- Recognition programs (Diabetes, Heart Stroke, PCMH)
- Accreditation programs (Disease Managements, Wellness and Health promotion)
- Physician Quality Reporting System (CMS)
- New measure concepts (Global Cardiovascular Risk, Overuse, Total Cost)

Contracts and Grants
- Special populations
  - Geriatric, dual eligible
  - Psychiatric (inpatient), behavioral health
  - Pediatric
- Cancer (inpatient/outpatient)
- E-measures (new/respecification)
- Patient report measures (Health Outcomes Survey)
II. Development and III. Comment

- Committee on Performance Measurement
  - Oversees entire development process, approves final measure
  - Measure experts, consumers, health plans, private and public sector

- Measurement Advisory Panels
  - Experts in the area – mix of stakeholders

- Field Testing

- Public Comment
  - Minimum 30 day period

• Relevant
• Scientifically sound
• Feasible
IV. First Year and Public Reporting

• First Year Analysis
  – NCQA collects results but does not publicly report
  – Analysis for feasibility, appropriate variation

• Public reporting
  – Accreditation
  – Plan – level performance to private and public sector
V. Evaluation

• **Purpose**
  – Periodically evaluate measures based on HEDIS desirable attributes and performance
  – Most measures are reevaluated on a 3-year cycle (earlier if needed)

• **Process**
  – Reviewing the clinical guidelines and health care delivery system
  – Soliciting feedback from panels and measure users including health plans
  – Analysis of results from previous years to ensure that the data is consistent
Data Reporting

• Data reflect events that occurred during the measurement year (calendar year)
• Data are reported to NCQA in June of the reporting year
• Example:
  – HEDIS 2012 = 2011 data
  – Reflects events that occurred Jan–Dec 2011
  – HEDIS 2012 data are reported in June 2012
• All results must be audited by an NCQA-Certified Auditor
Three HEDIS Data Sources

- Administrative
- Medical Record
- Survey
Clinical Measures Data Collection

• Defining the denominator is critical

• Administrative: Claims and encounter data
  – Denominator: Based on all eligible members of the population

• Hybrid: Combination of administrative data and medical record review
  – Denominator: Based on a systematic sample of eligible members
Anatomy of a Measure Specification

- Summary of Changes
- Description
- Definitions
- Eligible Population
- Administrative Specification
- Hybrid Specification
- Exclusions (optional)
- Notes
- Data Elements for Reporting

\[ \text{Denominator} \]

\[ \text{Numerator} \]
Controlling High Blood Pressure (CBP)

SUMMARY OF CHANGES TO HEDIS 2012

- Deleted ICD-9 Diagnosis code V56 from Table CBP-C.

Description

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.

Definitions

Adequate control: Both a representative systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high-normal range).

Representative BP: The most recent BP reading during the measurement year (as long as it occurred after the diagnosis of hypertension was made). If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. If no BP is recorded during the measurement year, assume that the member is “not controlled.”

Eligible Population

Product lines: Commercial, Medicaid, Medicare (report each product line separately).

Ages: 18–85 years as of December 31 of the measurement year.

Continuous enrollment: The measurement year.

Allowable gap: No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a one-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Anchor date: December 31 of the measurement year.

Benefit: Medical.

Event/diagnosis: Members are identified as hypertensive if there is at least one outpatient encounter (Table CBP-B) with a diagnosis of hypertension (Table CBP-A) during the first six months of the measurement year.
Table CBP-A: Codes to Identify Hypertension

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>401</td>
</tr>
</tbody>
</table>

Table CBP-B: Codes to Identify Outpatient Visits

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient visits</td>
<td>99201-99205, 99211-99215, 99241-99245, 99334-99387, 99394-99397</td>
</tr>
</tbody>
</table>

Hybrid Specification

**Denominator**

A systematic sample drawn from the eligible population for each product line whose diagnosis of hypertension is confirmed by chart review. The organization may reduce the sample size using the prior year’s audited, product line-specific rate. Refer to the Guidelines for Calculations and Sampling for information on reducing the sample size.

To confirm the diagnosis of hypertension, the organization must find notation of one of the following in the medical record on or before June 30 of the measurement year.

- HTN
- High BP (HBP)
- Elevated BP (↑BP)
- Borderline HTN
- Intermittent HTN
- History of HTN
- Hypertensive vascular disease (HVD)
- Hyperpiesia
- Hyperpiesis

The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents.

- Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see Note at the end of this section)
- Office note
- Subjective, Objective, Assessment, Plan (SOAP) note
- Encounter form
- Telephone call record
- Diagnostic report
- Hospital discharge summary

Statements such as “rule out HTN,” “possible HTN,” “white-coat HTN,” “questionable HTN,” and “consistent with HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.
What Is The CAHPS Survey?

- **Consumer Assessment of Healthcare Providers and Systems**
- Agency for Healthcare Research and Quality (AHRQ) funds and manages the program
- CAHPS Health Plan Survey 5.0H version used for HEDIS reporting beginning in 2013
  - AHRQ Core questionnaire
  - HEDIS supplemental set
What Is The CAHPS Survey?

- Collects information on member experience with the health plan
  - Eligible Population criteria
- Provides a general indication of how well the health plan meets member expectations
  - Random sample
- 65 questions (adult commercial)
- 57 questions (adult Medicaid)
Types of CAHPS Surveys

- Health Plan* (Adult and Child)
- Clinician & Group
- Surgical Care
- American Indian
- Dental Plan
- Experience of Care and Health Outcomes (ECHO)
- Home Health Care
- Hospital
- In-Center Hemodialysis
- Nursing Home

Supplemental Item Sets
- CAHPS Item Set for Children with Chronic Conditions *
- CAHPS Item Set for People with Mobility Impairments
- CAHPS Cultural Competence Item Set
- CAHPS Health Information Technology Item Set
- CAHPS Item Set for Addressing Health Literacy
- CAHPS Patient-Centered Medical Home (PCMH) Item Set*

* Part of HEDIS
HEDIS Survey Protocol

• Health plan contracts with NCQA-certified CAHPS survey vendor (November – January)

• Select one of two options for administering HEDIS surveys:
  – Mail-only Methodology
  – Mixed Methodology

• Send out and collect surveys (Feb. to April)
  – Required Sample Sizes, for example
    • Adult commercial: 1100
    • Child commercial (without CCC): 900

• Vendors submits results to NCQA (May)
CAHPS 5.0H Survey Results

• Combined into Ratings
  – Rating of All Health Care
    • “Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?”
  – Rating of Personal Doctor
  – Rating of Specialist Seen Most Often
  – Rating of Health Plan
CAHPS 5.0H Survey Results

• Combined into Composites
  – Getting Needed Care
    • “In the last 12 months, how often was it easy to get appointments with specialists?”
    • “In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?”
  – Claims Processing (adult commercial only)
  – Customer Service
  – Getting Care Quickly
  – How Well Doctors Communicate
  – Shared Decision Making
  – Plan Information on Costs (adult commercial only)
USES OF HEDIS/CAHPS
How Do States Use HEDIS/CAHPS?

1. Required by State
   - 25 states (Commercial)
   - 31 states (Medicaid)

2. Report to consumers

3. Identify quality improvement goals
How Does Minnesota Use HEDIS/CAHPS?

• **Commercial Plans**
  – Commercial HMO HEDIS results are complied and posted on the DOH’s website
    • [http://www.health.state.mn.us/divs/hpsc/mcs/hedis/home.htm](http://www.health.state.mn.us/divs/hpsc/mcs/hedis/home.htm)

• **Medicaid Plans**
  – Medicaid HMOs are *required* to report audited HEDIS data to the state
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Type</th>
<th>Accredited Product</th>
<th>Accreditation Type</th>
<th>Access and Service</th>
<th>Qualified Providers</th>
<th>Staying Healthy</th>
<th>Getting Better</th>
<th>Living with Illness</th>
<th>Overall Accreditation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuer 1</td>
<td>Commercial</td>
<td>PPO</td>
<td>Health Plan Accreditation</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>Commendable</td>
</tr>
<tr>
<td>Issuer 2</td>
<td>Commercial</td>
<td>PPO</td>
<td>Health Plan Accreditation</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>Excellent</td>
</tr>
<tr>
<td>Issuer 3</td>
<td>Commercial</td>
<td>HMO/POS/PPO Combined</td>
<td>Health Plan Accreditation</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>Excellent</td>
</tr>
<tr>
<td>Issuer 4</td>
<td>Commercial</td>
<td>HMO/POS/PPO Combined</td>
<td>Health Plan Accreditation</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>Excellent</td>
</tr>
<tr>
<td>Issuer 5</td>
<td>Commercial</td>
<td>POS</td>
<td>Health Plan Accreditation</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>Commendable</td>
</tr>
</tbody>
</table>

For more information at NCQA Report Cards, please follow this link: [http://reportcard.ncqa.org/plan/external/plansearch.aspx](http://reportcard.ncqa.org/plan/external/plansearch.aspx)
Minnesota Health Plan Rankings - Commercial

- Five Minnesota commercial plans are included in the NCQA Health Plan Rankings

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Rank</th>
<th>Score</th>
<th>Product</th>
<th>Consumer Satisfaction*</th>
<th>Prevention</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuer 1</td>
<td>245</td>
<td>80.1</td>
<td>PPO</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Issuer 2</td>
<td>90</td>
<td>83.9</td>
<td>PPO</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Issuer 3</td>
<td>24</td>
<td>87.4</td>
<td>HMO/POS/PPO</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Issuer 4</td>
<td>72</td>
<td>84.7</td>
<td>HMO/POS/PPO</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Issuer 5</td>
<td>134</td>
<td>82.6</td>
<td>POS</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

* Out of 5

Minnesota Health Plan Rankings – Medicaid and Medicare

- 2 Medicaid plans are included in the NCQA Rankings

<table>
<thead>
<tr>
<th>Rank</th>
<th>Score</th>
<th>Product</th>
<th>Customer Satisfaction</th>
<th>Prevention</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>28</td>
<td>HMO</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>87.5</td>
<td>HMO</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

- 1 Medicare plan is included in the NCQA Rankings (*one issuer is scheduled for accred.*)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Score</th>
<th>Product</th>
<th>Customer Satisfaction</th>
<th>Prevention</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>102</td>
<td>HMO</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

# Issuer Performance Variation In HEDIS/CAHPS?

<table>
<thead>
<tr>
<th></th>
<th>Controlling High Blood Pressure</th>
<th>Chlamydia Screening in Women</th>
<th>Cholesterol Management for Patients with Cardiovascular Conditions</th>
<th>Antidepressant Medication Management</th>
<th>Colorectal Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuer 1</td>
<td>78.03</td>
<td>46.54</td>
<td>85.24</td>
<td>65.81</td>
<td>44.18</td>
</tr>
<tr>
<td>Issuer 2</td>
<td>79.81</td>
<td>44.11</td>
<td>94.20</td>
<td>75.79</td>
<td>53.10</td>
</tr>
<tr>
<td>Issuer 3</td>
<td>84.20</td>
<td>51.82</td>
<td>92.70</td>
<td>75.93</td>
<td>69.72</td>
</tr>
<tr>
<td>Issuer 4</td>
<td>80.80</td>
<td>44.48</td>
<td>90.02</td>
<td>70.68</td>
<td>65.21</td>
</tr>
<tr>
<td>Issuer 5</td>
<td>81.62</td>
<td>43.15</td>
<td>95.06</td>
<td>71.60</td>
<td>53.10</td>
</tr>
<tr>
<td>Variation</td>
<td><strong>6.17</strong></td>
<td><strong>8.69</strong></td>
<td><strong>9.82</strong></td>
<td><strong>10.12</strong></td>
<td><strong>25.54</strong></td>
</tr>
</tbody>
</table>

*Scores based on 2011 Commercial NCQA Quality Compass HEDIS data*
Thank you!
Questions?

Ledia Tabor - tabor@ncqa.org
Appendix
### HEDIS Measures in Accreditation 2012

<table>
<thead>
<tr>
<th>Measure</th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Monitoring for Patients on Persistent Medications (both rates)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Antidepressant Medication Management (both rates)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Appropriate Treatment for Children with URI</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Childhood Immunization: Combination 2</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

*2013 HEDIS Measures in Accreditation Available Soon*
# HEDIS Measures in Accreditation 2012

<table>
<thead>
<tr>
<th>Measure</th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• HbA1c Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• LDL-C Screening</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• Medical attention for nephropathy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Retinal examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC - HbA1c Poor Control (&gt;9)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Flu Shots for Adults Ages 50-64 (Commercial)/Flu Shots for Older Adults (Medicare)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

*2013 HEDIS Measures in Accreditation Available Soon
## HEDIS Measures in Accreditation 2012

<table>
<thead>
<tr>
<th>Measure</th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up after Hospitalization for Mental Illness (7 day rate only)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication (both rates)</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Glaucoma Screening in Older Adults</td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Medical Assistance with Smoking and Tobacco Cessation</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Osteoporosis Management for Women who had a Fracture</td>
<td></td>
<td></td>
<td>✔️</td>
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<tr>
<td>Persistence of Beta Blocker Treatment After Heart Attack</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
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<tr>
<td>Prenatal and Postpartum Care</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td></td>
<td></td>
<td>✔️</td>
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</tbody>
</table>

*2013 HEDIS Measures in Accreditation Available Soon*
## HEDIS Measures in Accreditation 2012

<table>
<thead>
<tr>
<th>Measure</th>
<th>Commercial</th>
<th>Medicare</th>
<th>Medicaid</th>
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<tbody>
<tr>
<td>Use of High-risk Medications in the Elderly (both rates)</td>
<td></td>
<td>✓</td>
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<tr>
<td>Use of Appropriate Medication for People with Asthma</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>✓</td>
<td></td>
<td>✓</td>
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<tr>
<td>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>

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