



# 2018

## URAC DISEASE MANAGEMENT PERFORMANCE MEASUREMENT:

### AGGREGATE SUMMARY PERFORMANCE REPORT

December 2018

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## Executive Summary

Presented in this report are the 2017 measurement year (2018 reporting year) results based on URAC's Disease Management (DM) Accreditation program performance measures.

Organizations were required to report data for ten mandatory measures, and they had the option to report data for five exploratory measures. The measures are either cross-cutting (i.e., broadly applicable across multiple clinical settings or specialties) or disease-specific (i.e., applicable to a specific condition). Below is the list of mandatory [M] and exploratory [E] measures for 2018 reporting with indication of whether the measure is cross-cutting or disease-specific:

1. Screening and Cessation Counseling for Tobacco Use (DM2012-02) [M] *Cross-Cutting*
2. Unhealthy Alcohol Use: Screening and Brief Counseling (DM2012-03) [M] *Cross-Cutting*
3. Prevention and Management of Obesity for Adults (DM2012-04) [M] *Cross-Cutting*
4. Screening for Clinical Depression & Follow-Up Plan (DM2012-05) [M] *Cross-Cutting*
5. Pediatric Asthma Event Rate (DM2012-30) [M] *Disease-Specific*
6. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (DM2012-31) [M] *Disease-Specific*
7. Hypertension Event Rate (DM2012-37) [M] *Disease-Specific*
8. Heart Failure Event Rate (DM2012-38) [M] *Disease-Specific*
9. Diabetes Short-Term Complications Event Rate (DM2012-73) [M] *Disease-Specific*
10. Asthma in Younger Adults Admission Rate (DM2017-01) [M] *Disease-Specific*
11. Patient Activation Measure (DM2012-10) [E]\* *Cross-Cutting*
12. Proportion of Days Covered: Rates by Therapeutic Category (DM2012-12) [E]\* *Cross-Cutting*
13. Drug-Drug Interactions (DM2012-13) [E]\* *Cross-Cutting*
14. Adherence to Non-Warfarin Oral Anticoagulants (DM2015-01) [E]\* *Cross-Cutting*
15. Medication Therapy for Persons with Asthma (DM2012-26) [E]\* *Disease-Specific*

\*Minimal respondents provided data for this exploratory measure; therefore, analysis was not conducted for this measure, and only measure descriptions are included in this report.

The URAC measure specifications are set forth within the 2018 Disease Management Reporting Instructions.

## Data Analysis Procedures

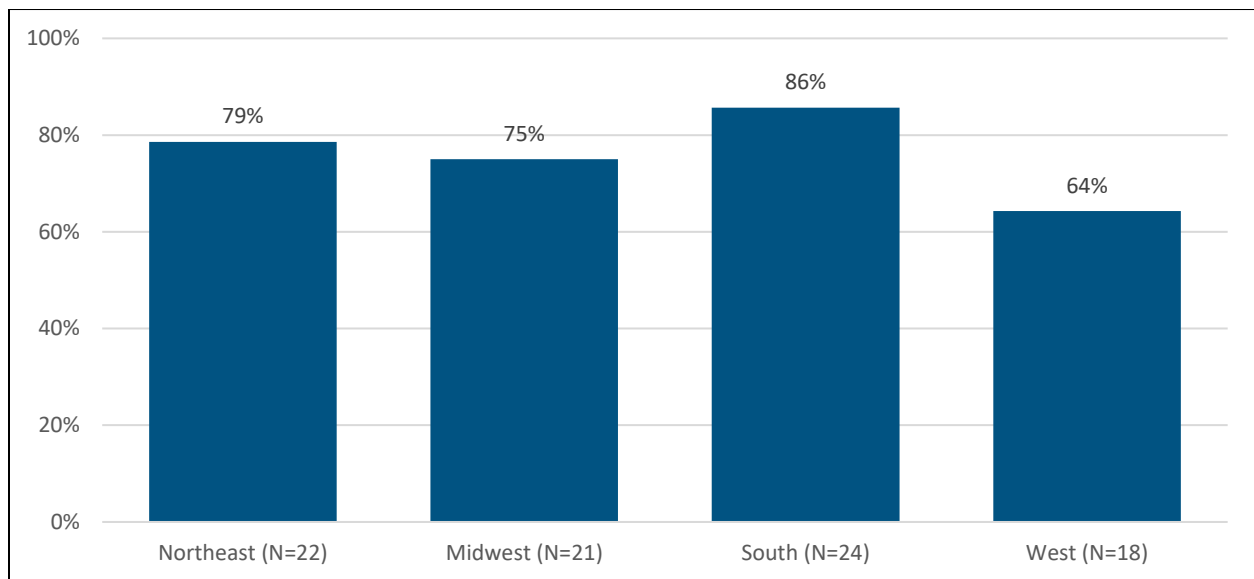
URAC implemented a relational database management system to capture and normalize all accreditation submission data into a consistent format across programs. This improvement allows for a consistent model to be used year over year and allows for trends to build. In addition, URAC implemented Microsoft Power BI as the business intelligence tool to develop the data visuals and tables in the report.

## Disease Management Organization Characteristics

Eighteen URAC accredited Disease Management organizations reported 2017 measurement year data for the 2018 reporting year.

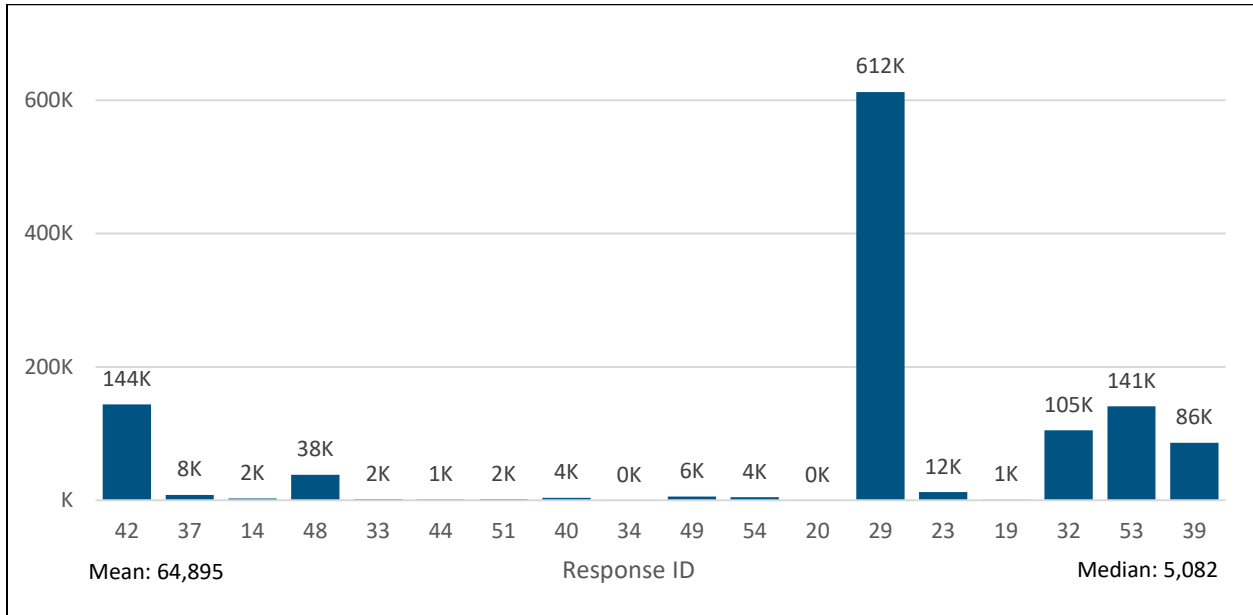
The South (86%, n=24) represented the largest population served by the organizations, and the West (64%, n=18) represented the least (Exhibit 1). The total number of unique individuals eligible for disease management ranges from three to 600 hundred thousand members across the respondent organizations with a median population of 4,450 (Exhibit 2).

Exhibit 1: Regional Areas Served



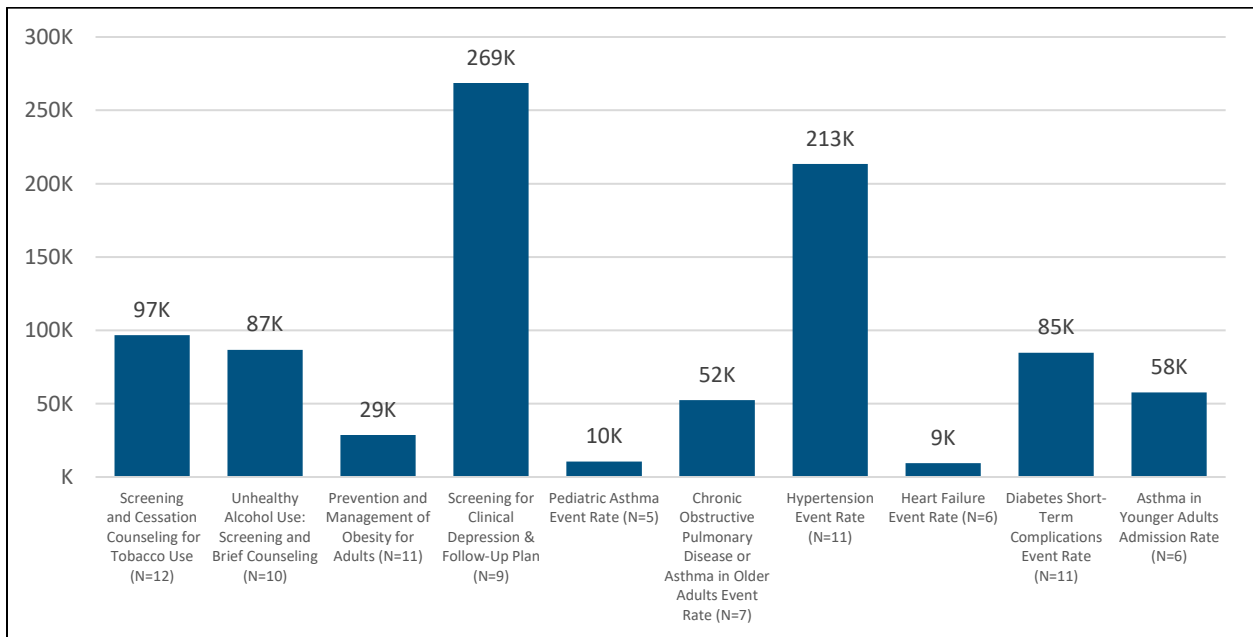
Note: Multiple responses accepted.

Exhibit 2: Total Number of Unique Individuals Eligible for Any Disease Management Program



Note: Range is from 3 to 6.1 hundred thousand individuals eligible by organization.

Exhibit 3: Eligible Population per Disease Management Measure – Commercial



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Exhibit 4: Eligible Population per Disease Management Measure – Medicaid

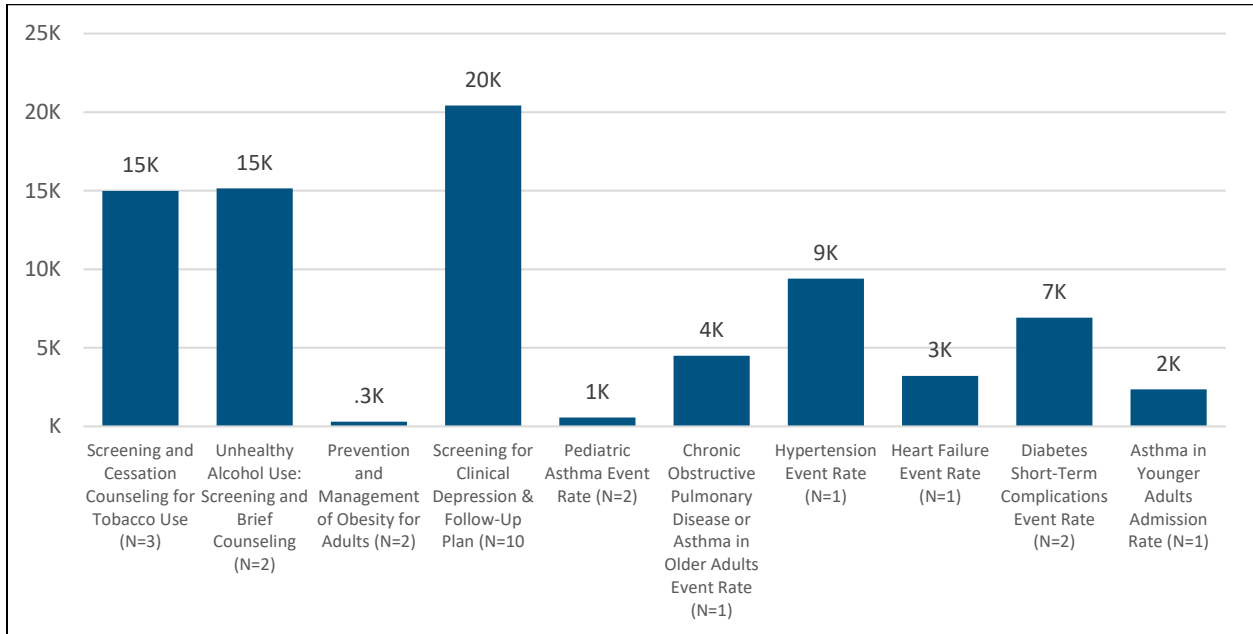


Exhibit 5: Eligible Population per Disease Management Measure – Medicare

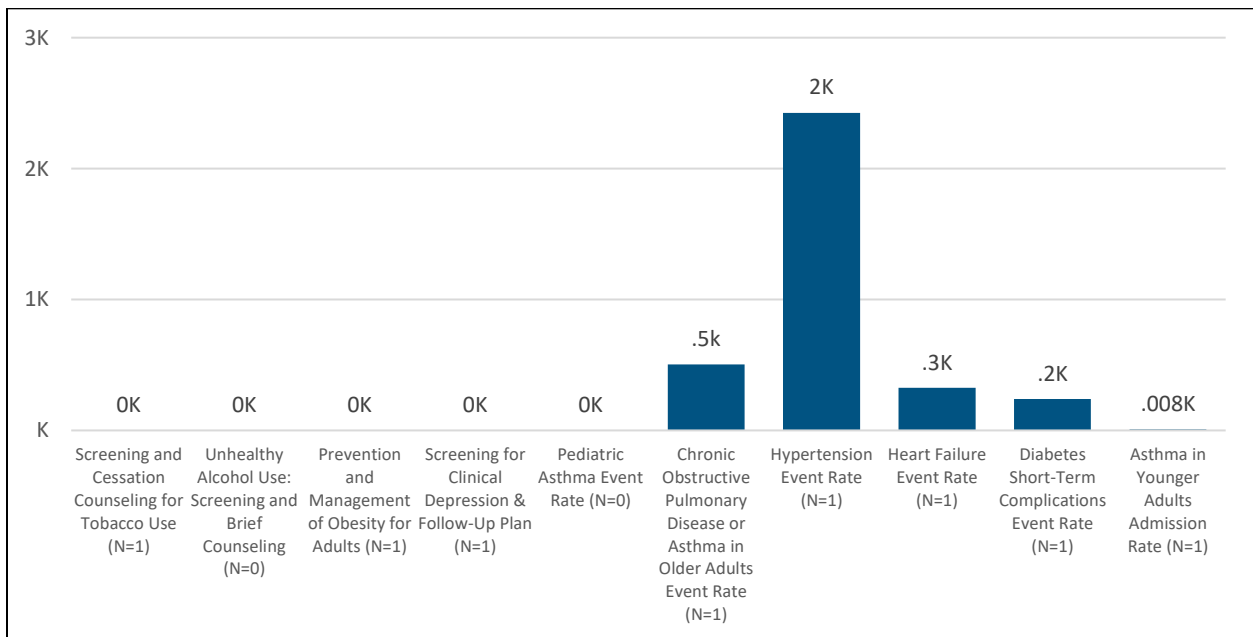


Exhibit 6: Eligible Population per Disease Management Measure – All Other Population

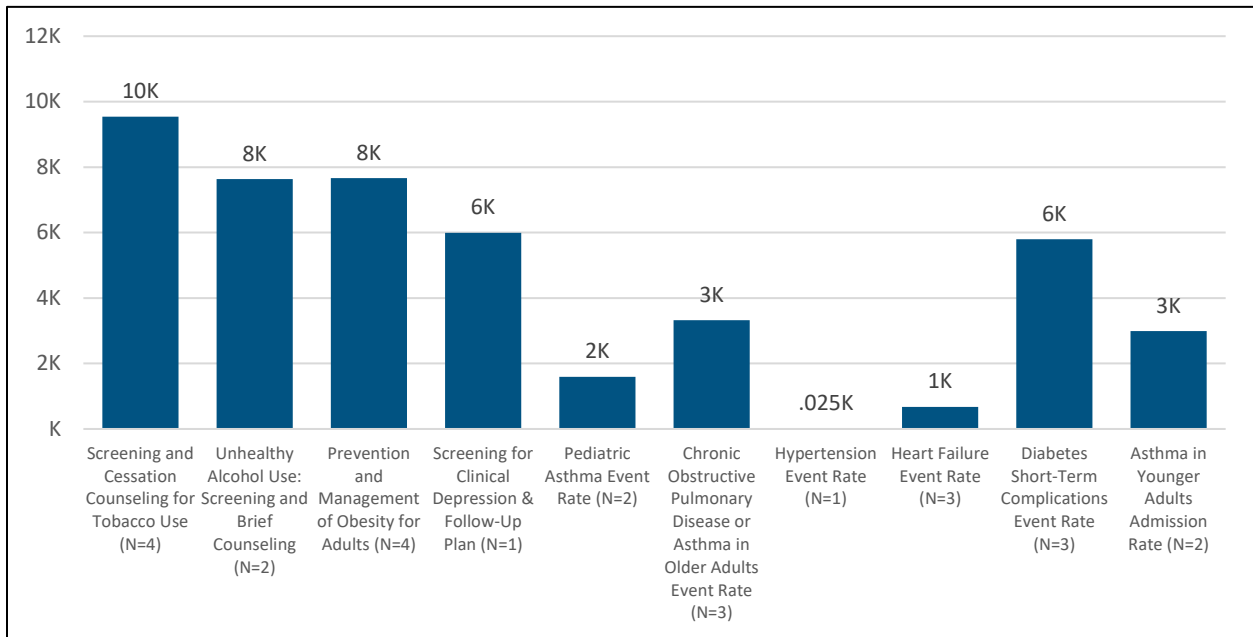


Exhibit 7: Aggregate Rate by Measure – Commercial Population

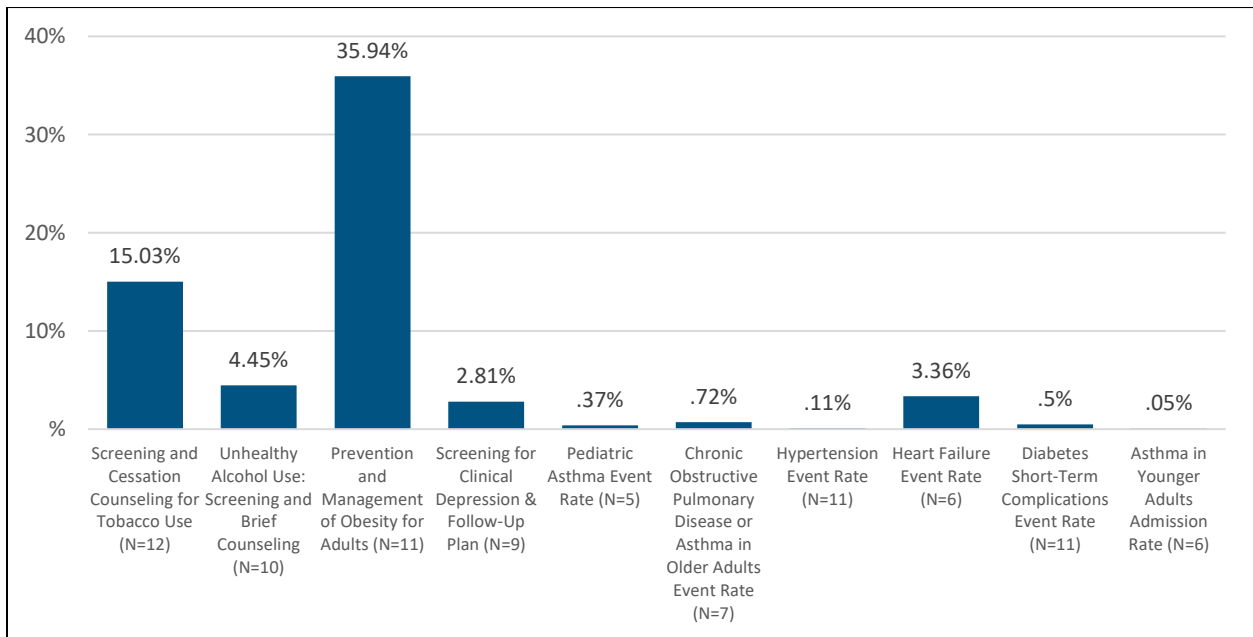


Exhibit 8: Aggregate Rate by Measure – Medicaid Population

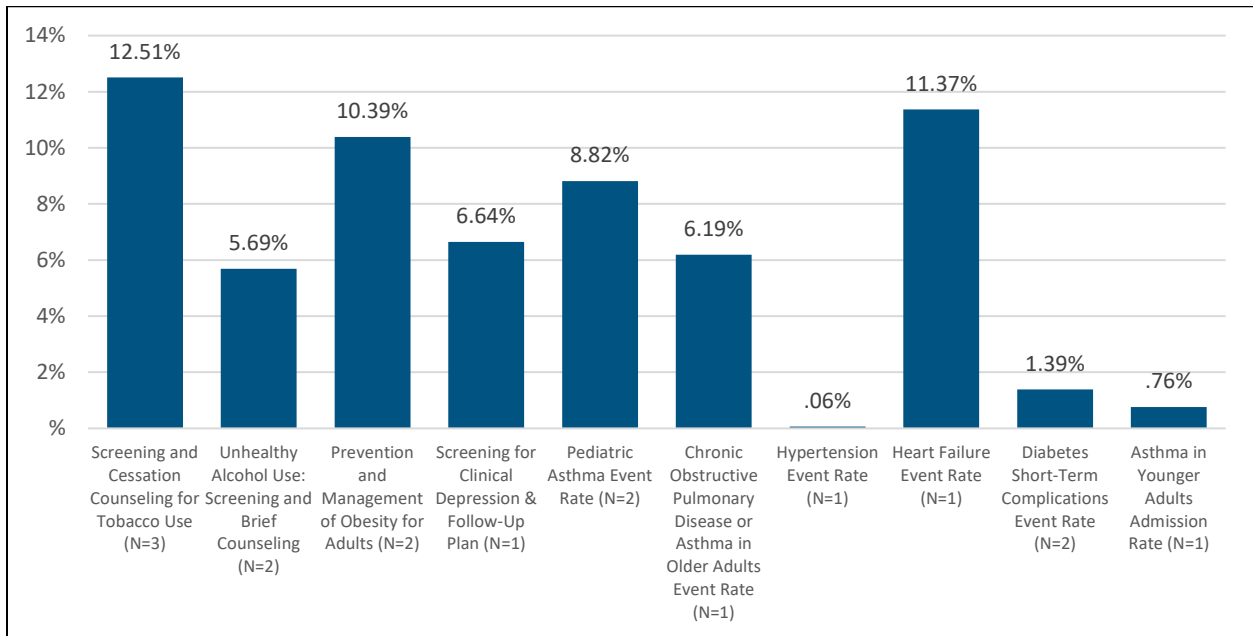


Exhibit 9: Aggregate Rate by Measure – Medicare Population

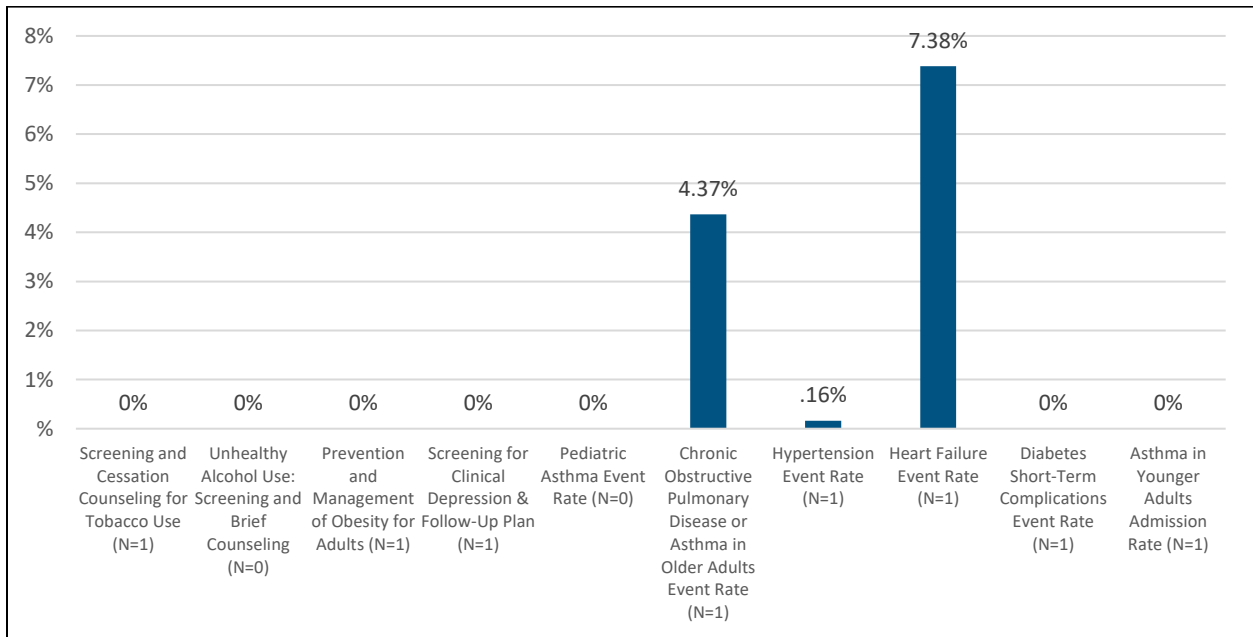
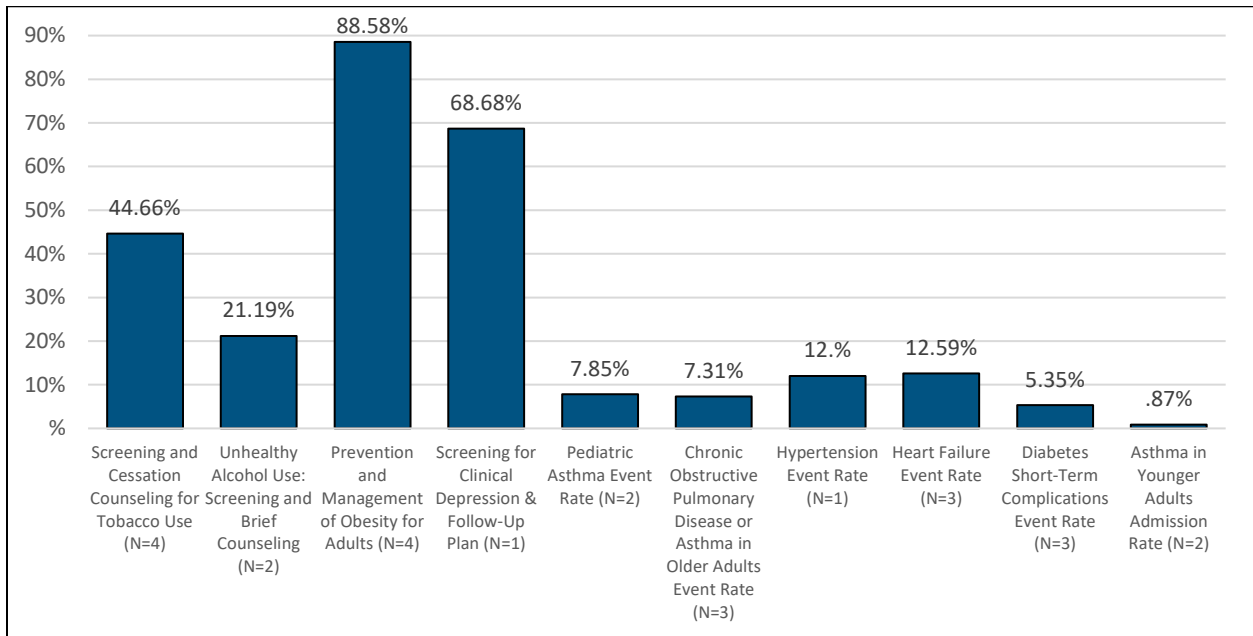


Exhibit 10: Aggregate Rate by Measure – All Other Population



## Results: Disease Management Measures

Eighteen organizations reported data for at least one of the performance measures. The organizations are primarily classified as Commercial programs. The analysis results are included for each measure, but due to limited number of organizations that reported as Medicaid, Medicare, and Across All Other Populations, details and narratives were not included in this report.

### Measure 1 – Screening and Cessation Counseling for Tobacco Use (DM2012-02)

#### Measure Description

This *mandatory* measure assesses the percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention, if identified as a tobacco user.

#### Summary of Findings

Twelve organizations submitted data for Commercial, one submitted data for Medicaid, three submitted data for Medicare, and four submitted data for All Other Population.

The aggregate summary rate for Commercial is 15.03% with a mean of 48.97% and median of 37.73%. One data submission (Response ID 34) had an extreme outlier denominator of 78,986 given it was a large regional organization and had a measure rate of 2.82%. Removing this submission results in an aggregate summary rate of 69.35% with a mean of 53.16% and median of 47.29%.

Exhibit 11: Screening and Cessation Counseling for Tobacco Use

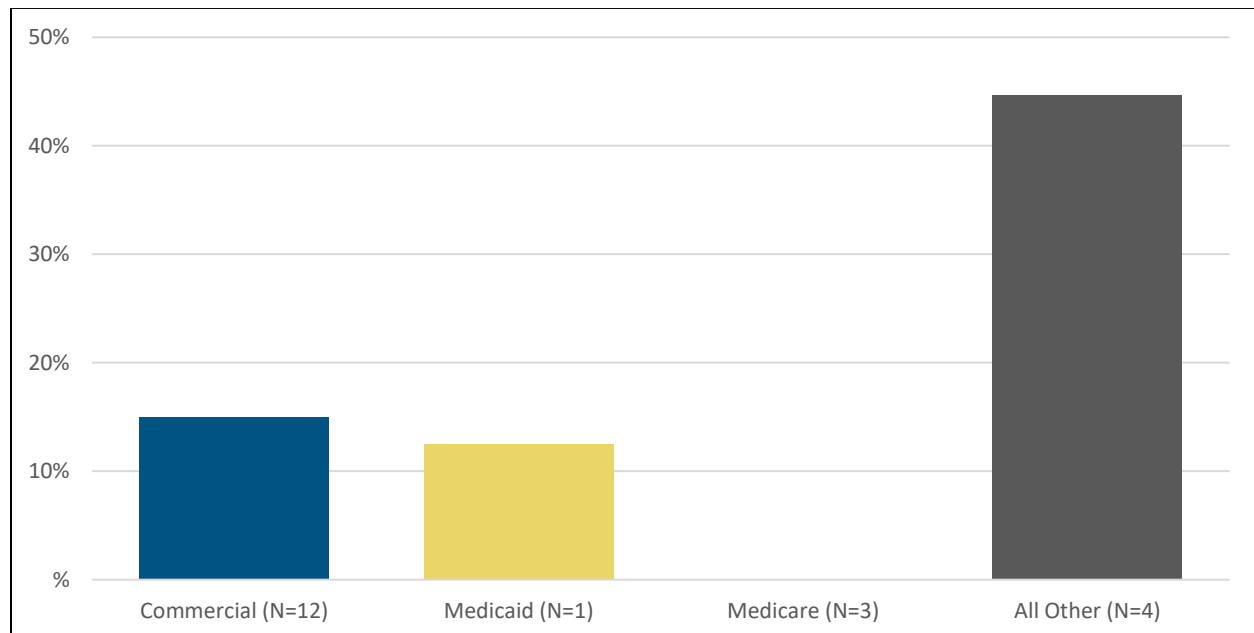


Exhibit 12: Screening and Cessation Counseling for Tobacco Use (Summary Data)

Measure	Screening and Cessation Counseling for Tobacco Use				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	14,541	96,742	15.03%	48.97%	12
Medicaid	1,875	14,991			3
Medicare	0	0			1
All Other	4,261	9,540			4

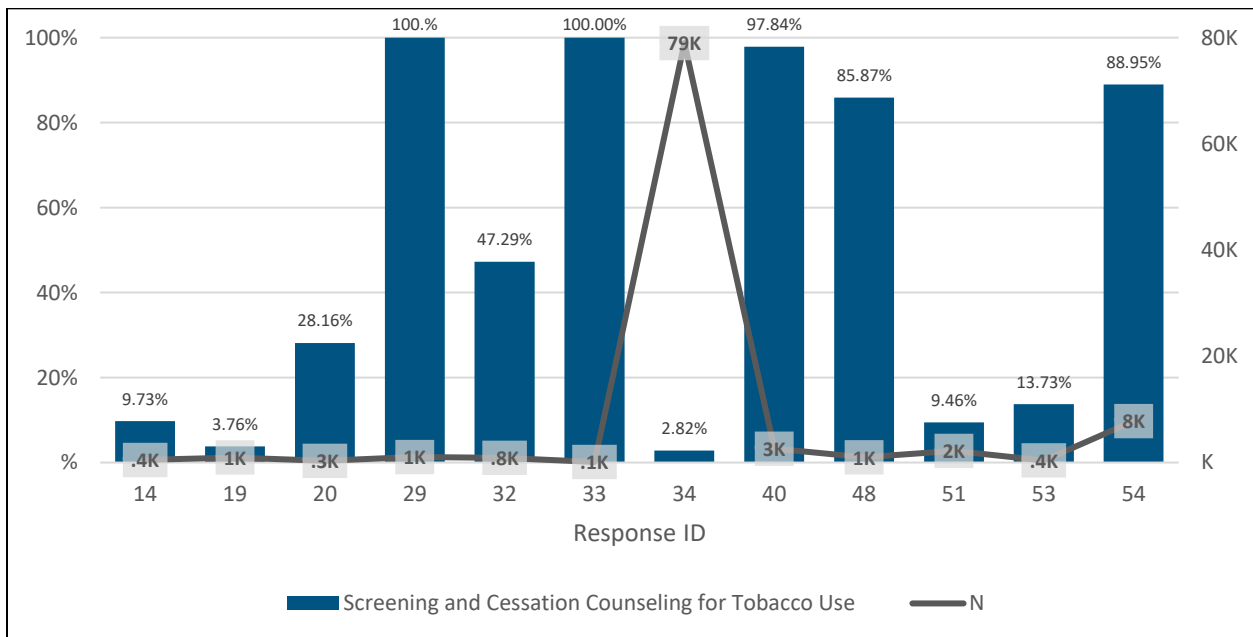
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 13: Screening and Cessation Counseling for Tobacco Use (Benchmark Data)

Measure	Screening and Cessation Counseling for Tobacco Use						
Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	Max
Commercial	2.82%	4.33%	9.66%	37.73%	91.17%	99.78%	100.00%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 14: Screening and Cessation Counseling for Tobacco Use – Commercial Results



## Measure 2 – Unhealthy Alcohol Use: Screening & Brief Counseling (DM2012-03)

### Measure Description

This *mandatory* measure assesses the percentage of patients 18 years or older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months and who received brief counseling if identified as an unhealthy alcohol user.

### Summary of Findings

Ten organizations submitted data for Commercial, two submitted data for Medicaid, zero submitted data for Medicare, and one submitted data for All Other Population.

The aggregate summary rate for Commercial is 4.45% with the mean of 37.38% and median of 13.97%. One data submission (Response ID 34) had an extreme outlier denominator of 77,765 given it was a large regional organization and had a rate of 0.04%. Removing this submission results in an aggregate summary rate of 37.75% with a mean of 38.56% and median of 15.46%.

Exhibit 15: Unhealthy Alcohol Use: Screening & Brief Counseling

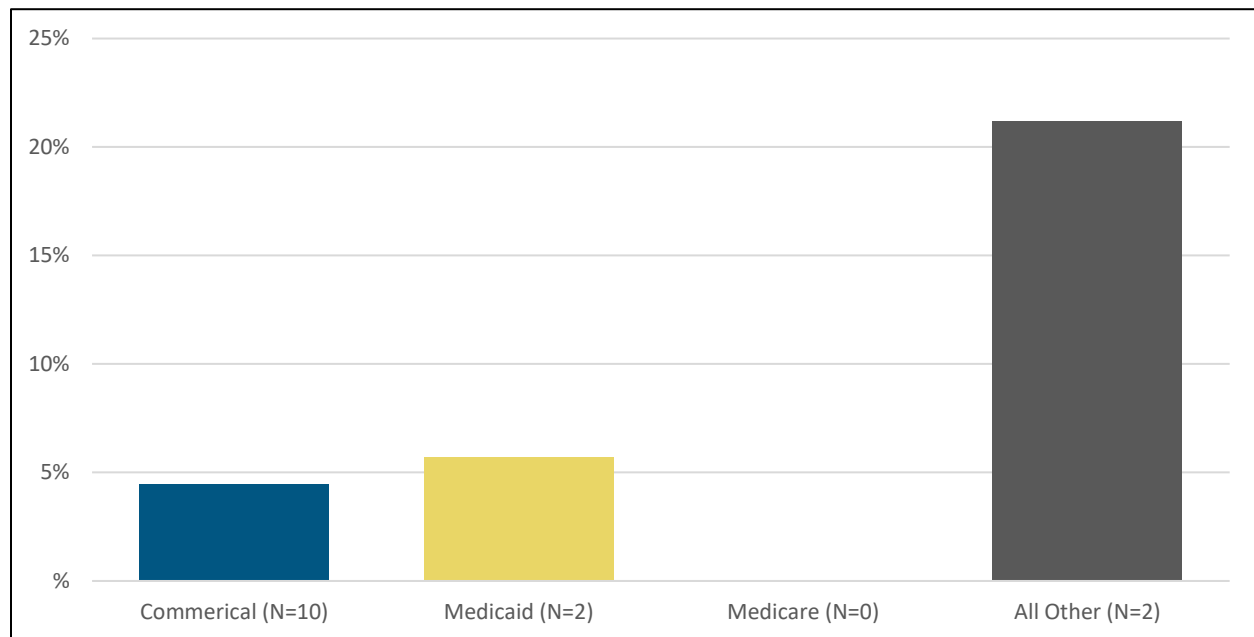


Exhibit 16: Unhealthy Alcohol Use: Screening & Brief Counseling (Summary Data)

Measure	Unhealthy Alcohol Use: Screening & Brief Counseling				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	3,865	86,763	4.45%	37.38%	10
Medicaid	861	15,142			2
Medicare	0%	0%			0
All Other	1,617	7,631			2

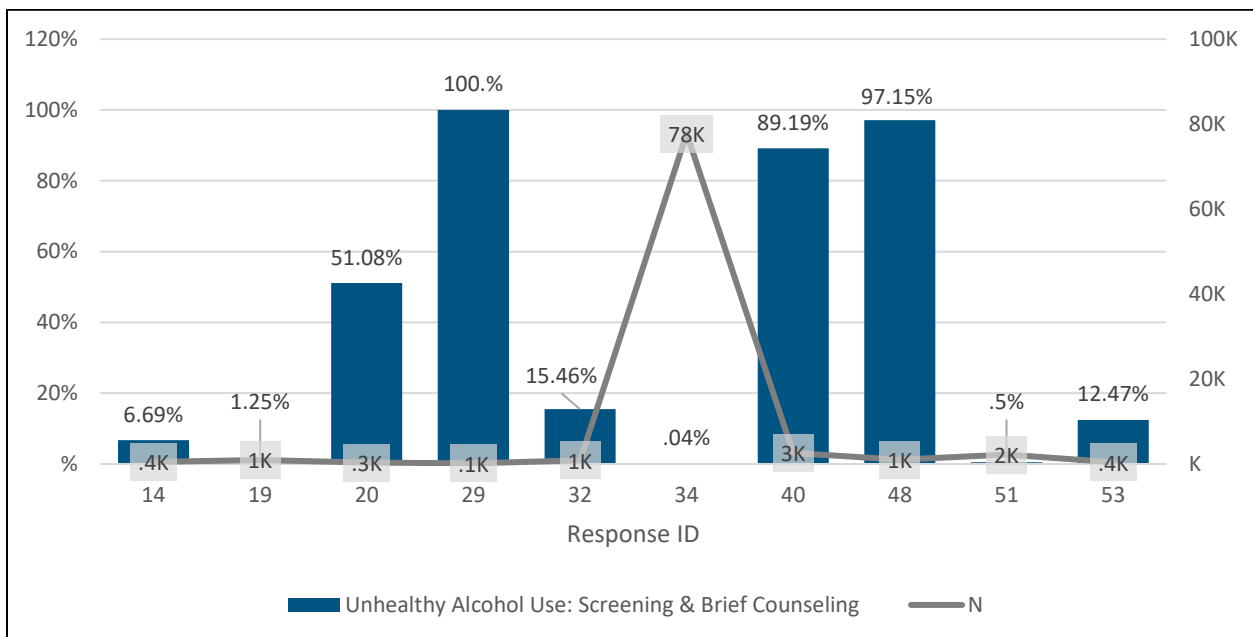
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 17: Unhealthy Alcohol Use: Screening & Brief Counseling (Benchmark Data)

Measure	Unhealthy Alcohol Use: Screening & Brief Counseling						
Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	Max
Commercial	0.04%	0.45%	2.61%	13.97%	79.66%	97.44%	100.00%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 18: Unhealthy Alcohol Use: Screening & Brief Counseling – Commercial Results





## Measure 3 – Prevention and Management of Obesity for Adults (DM2012-04)

### Measure Description

This *mandatory* measure assesses the percentage of participants 18 years or older with a documented body mass index (BMI) greater than or equal to 25 who received education and counseling for weight loss strategies that include nutrition, physical activity, lifestyle changes, medication therapy, and/or surgical considerations during the measurement period.

### Summary of Findings

Twelve organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and two submitted data for All Other Population. One organization had a low denominator and was not included in the analysis. The aggregate summary rate for Commercial is 35.94% with a mean of 63.98% and median of 77.41%.

Exhibit 19: Prevention and Management of Obesity for Adults

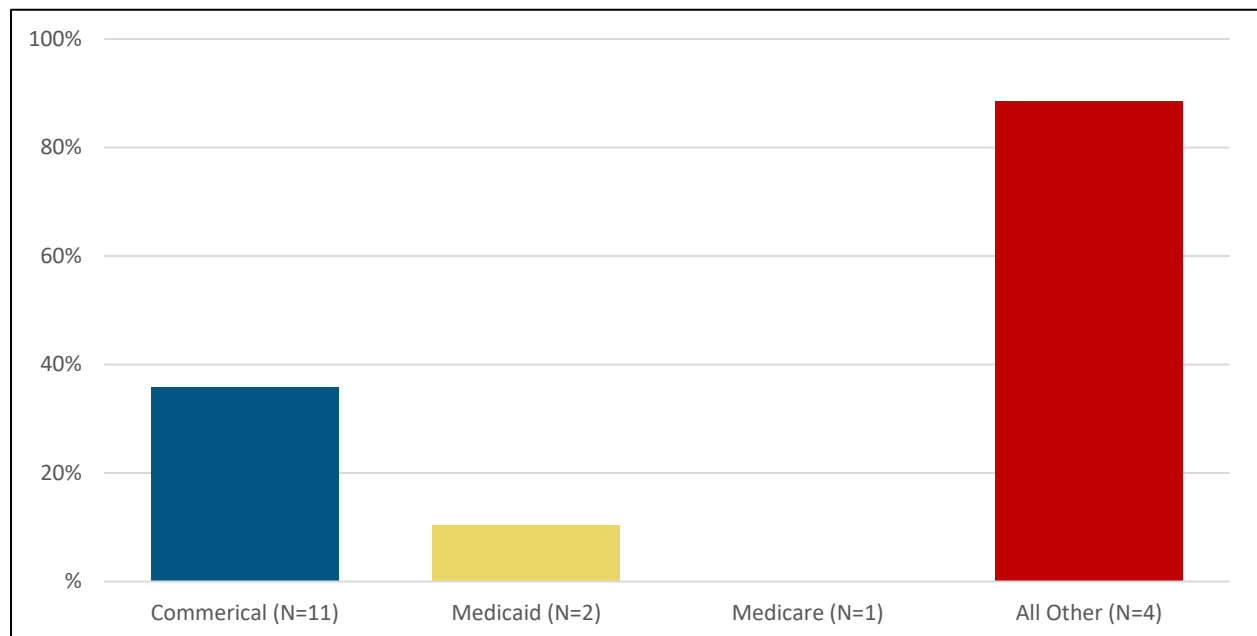


Exhibit 20: Prevention and Management of Obesity for Adults (Summary Data)

Measure	Prevention and Management of Obesity for Adults				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	10,269	28,572	35.94%	63.98%	11
Medicaid	32	308			3
Medicare	0	0			1
All Other	6,789	7,664			4

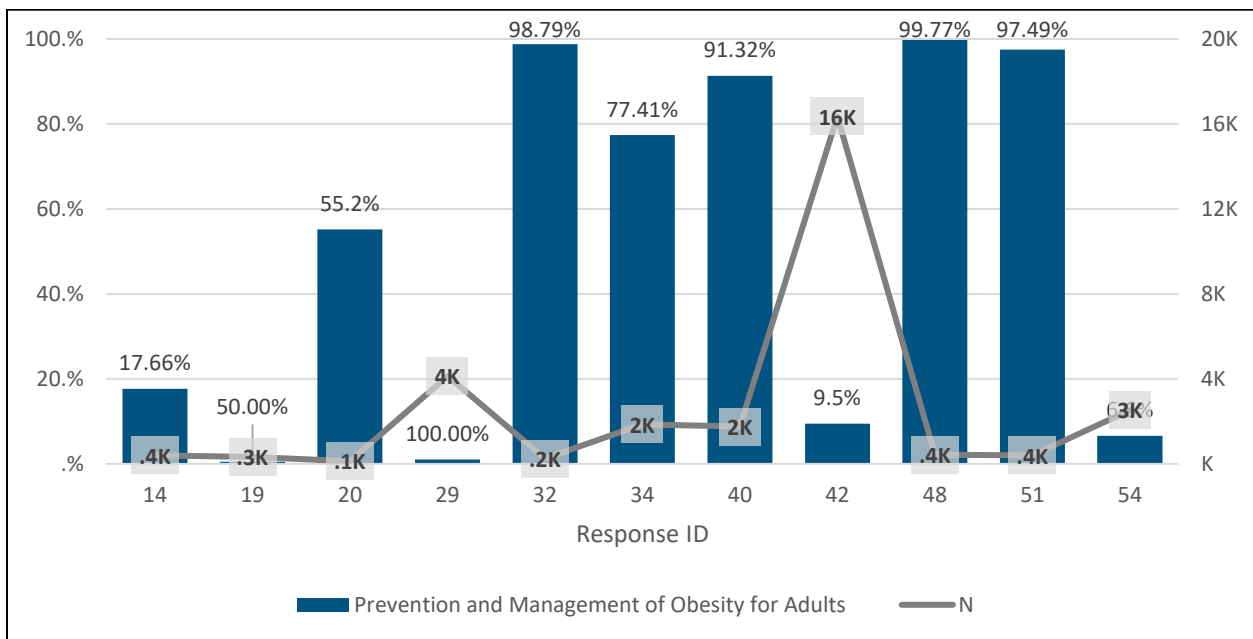
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 21: Prevention and Management of Obesity for Adults (Benchmark Data)

Measure	Prevention and Management of Obesity for Adults						
Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	Max
Commercial	6.60%	9.50%	33.83%	77.41%	98.14%	99.77%	100.00%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 22: Prevention and Management of Obesity for Adults – Commercial Results



## Measure 4 – Screening for Clinical Depression & Follow-Up Plan (DM2012-05)

### Measure Description

This *mandatory* measure reports the percentage of participants 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the positive screen.

### Summary of Findings

Nine organizations submitted data for Commercial, one submitted data for Medicaid, one submitted data for Medicare, and one submitted data for All Other Population. The aggregate summary rate for Commercial is 2.81% with the mean of 48.42% and median of 40.97%. One data submission (Response ID 34) had an extreme outlier denominator of 258,408 given it was a large regional organization and had a rate of 0.59%. Removing this submission results in an aggregate summary rate of 47.33% with a mean of 54.34% and median of 66.43%.

Exhibit 23: Screening for Clinical Depression & Follow-Up Plan

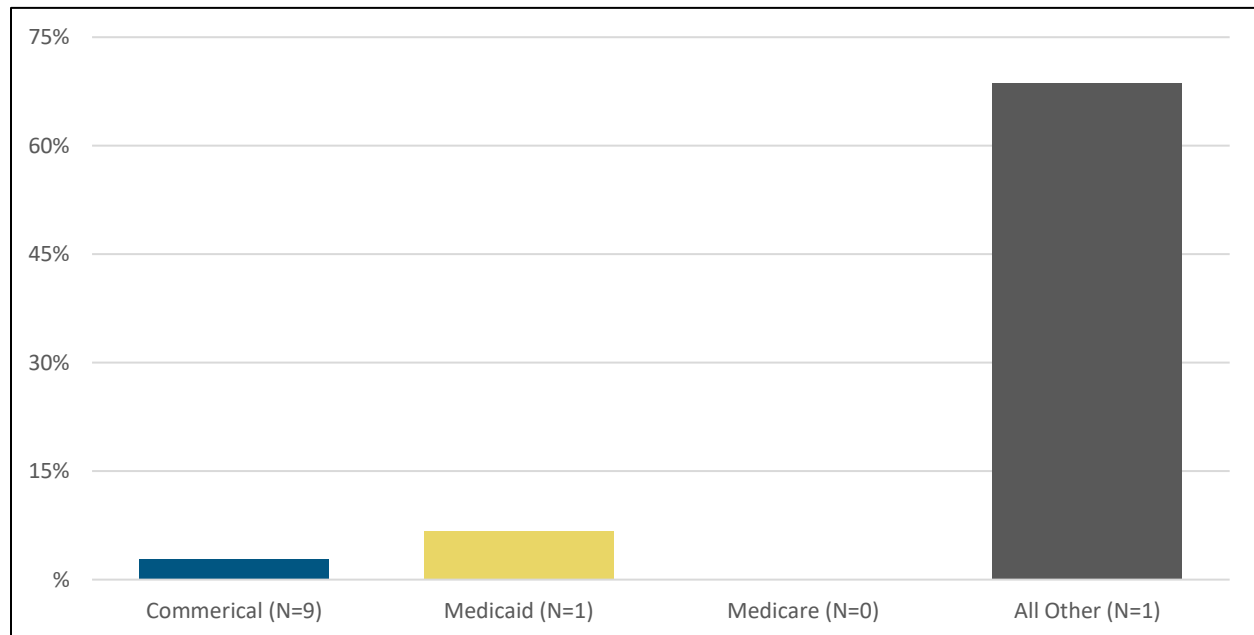


Exhibit 24: Screening for Clinical Depression & Follow-Up Plan (Summary Data)

Measure	Screening for Clinical Depression & Follow-Up Plan				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	7,545	268,585	2.81%	48.42%	9
Medicaid	1,356	20,414			1
Medicare	0	0			0
All Other	4,114	5,990			1

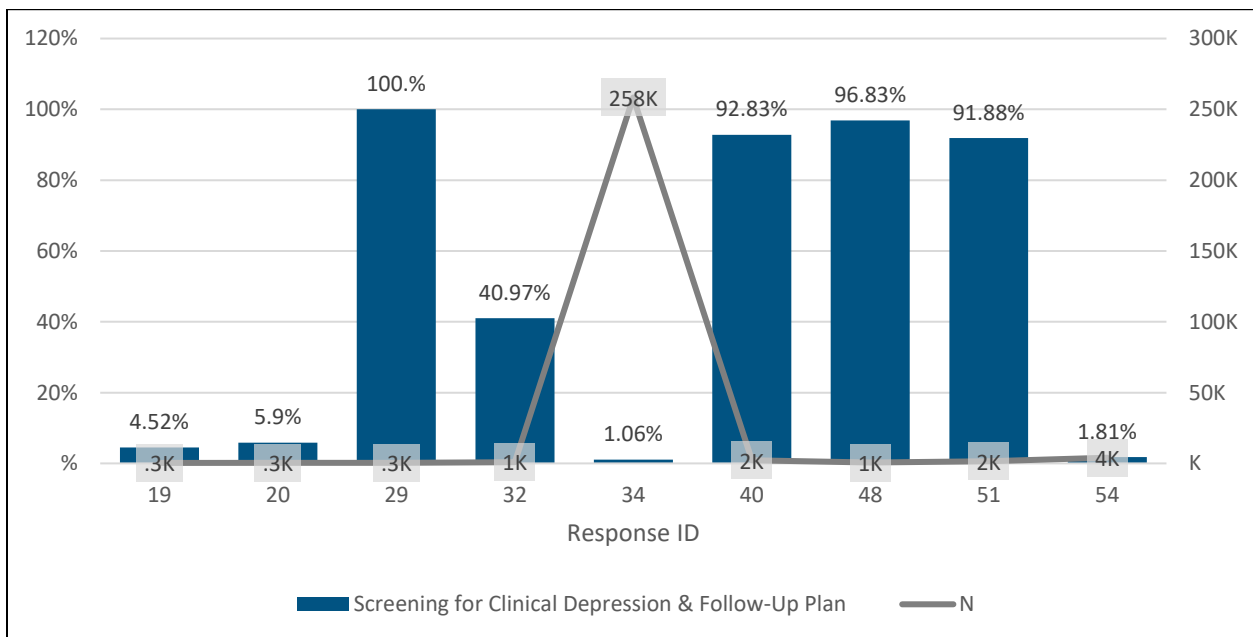
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 25: Screening for Clinical Depression & Follow-Up Plan (Benchmark Data)

Measure	Screening for Clinical Depression & Follow-Up Plan						
Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	Max
Commercial	1.06%	1.66%	4.52%	40.97%	92.83%	97.47%	100.00%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 26: Screening for Clinical Depression & Follow-Up Plan – Commercial Results



## Measure 5 – Pediatric Asthma Event Rate (DM2012-30)

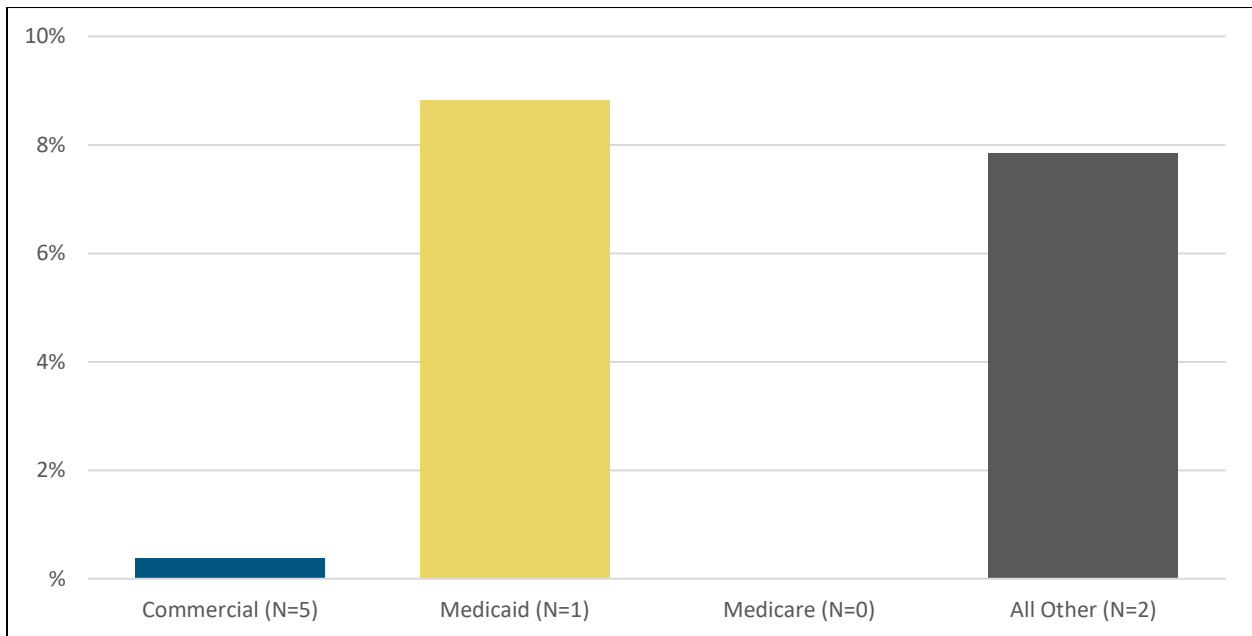
### Measure Description

This *mandatory* measure assesses the number of hospital events for asthma of asthmatic children ages 2 to 17 during the measurement period. **A lower rate represents better performance.**

### Summary of Findings

Seven organizations submitted data for Commercial, two submitted data for Medicaid, zero for Medicare and two submitted data for All Other Population. Two organizations had low denominators and were not included in the analysis. The aggregate summary rate for Commercial is 0.37% with a mean of 1.87% and median of 0.86%. One data submission (Response ID 34) had an extreme outlier denominator of 9,413 given it was a large regional organization and had a rate of 0.18%. Removing this submission results in an aggregate summary rate of 1.22% with a mean of 2.08% and median of 1.37%.

Exhibit 27: Pediatric Asthma Event Rate



Note: Lower rate represents better performance.

Exhibit 28: Pediatric Asthma Event Rate (Summary Data)

Measure	Pediatric Asthma Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	39	10,439	0.37%	1.87%	5
Medicaid	47	386			1
Medicare	0	0			0
All Other	125	1,593			2

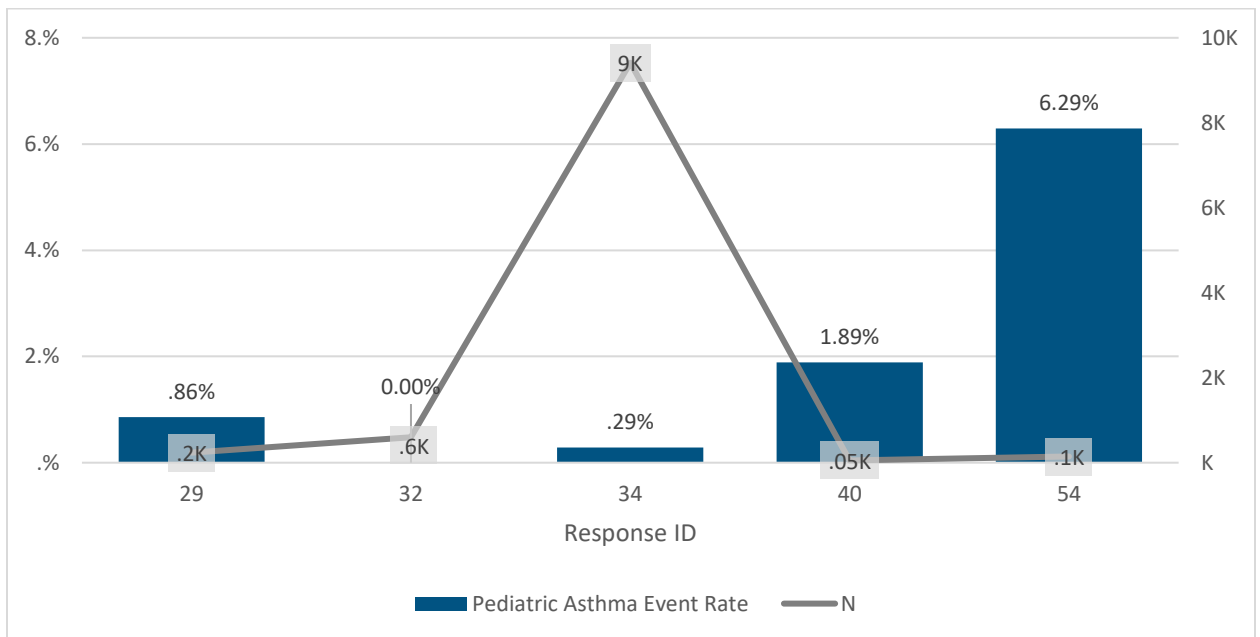
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 29: Pediatric Asthma Event Rate (Benchmark Data)

Measure	Pediatric Asthma Event Rate						
Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	Max
Commercial	6.29%	4.53%	1.89%	.86%	.29%	.11%	0.00%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 30: Pediatric Asthma Event Rate – Commercial Results



## Measure 6 – Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (DM2012-31)

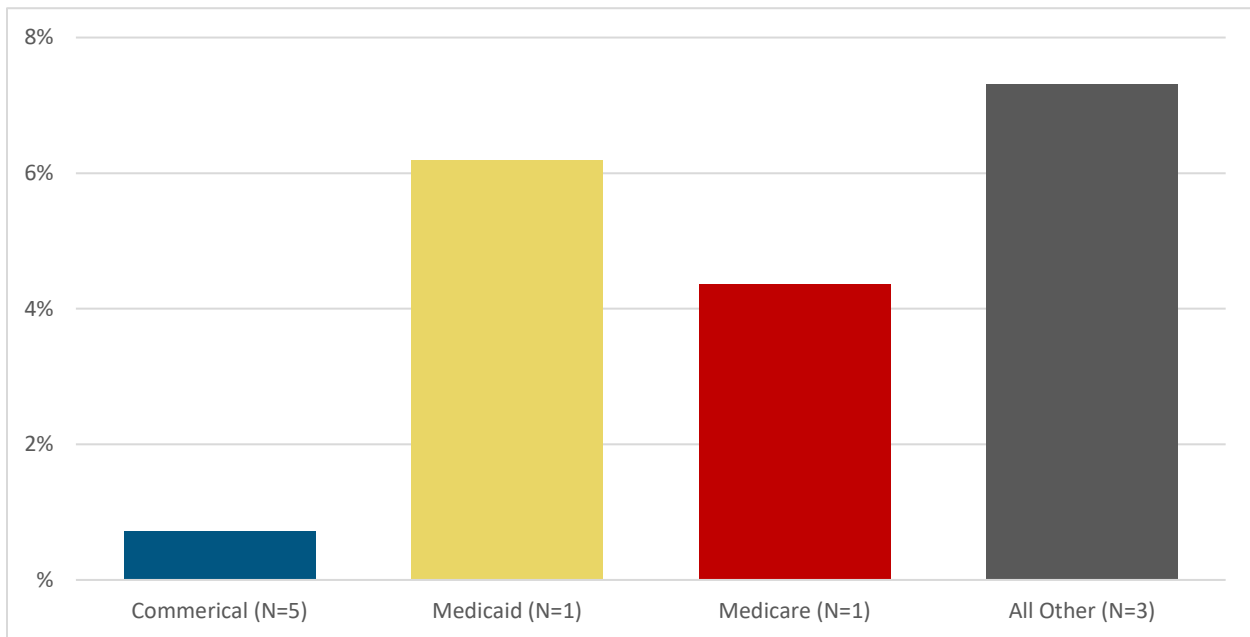
### Measure Description

This *mandatory* measure assesses the number of hospital events for asthma or Chronic Obstructive Pulmonary Disease (COPD) per number of adult members age 40 years and older with a chronic diagnosis of asthma or COPD during the measurement period. **A lower rate represents better performance.**

### Summary of Findings

Seven organizations submitted data for Commercial, one submitted data for Medicaid, one submitted data for Medicare, and three submitted data for All Other Population. Two organizations had low denominators and were not included in the analysis. The aggregate summary rate for Commercial is .72% with a mean of 3.18% and median of 2.75%.

Exhibit 31: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate



Note: Lower rate represents better performance.

Exhibit 32: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (Summary Data)

Measure	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	380	52,497	0.72%	3.18%	5
Medicaid	278	4,492			1
Medicare	22	504			1
All Other	243	3,323			3

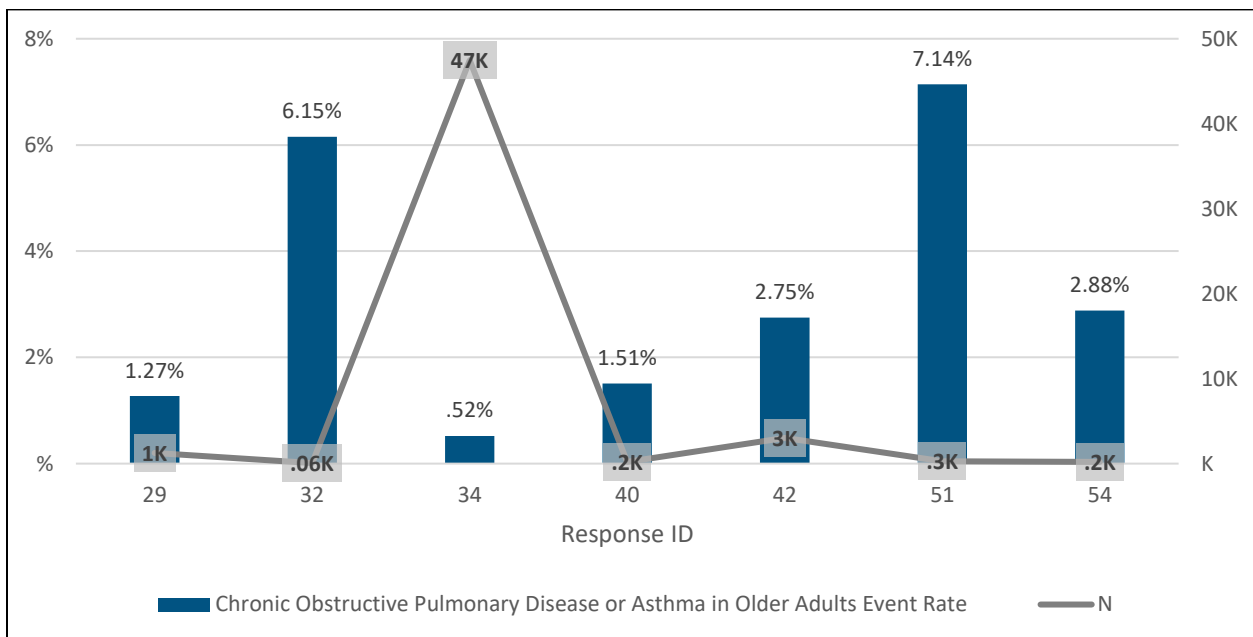
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 33: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (Benchmark Data)

Measure	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate						
Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	Max
Commercial	7.14%	6.55%	4.52%	2.75%	1.39%	0.97%	0.52%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 34: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate – Commercial Results





## Measure 7 – Hypertension Event Rate (DM2012-37)

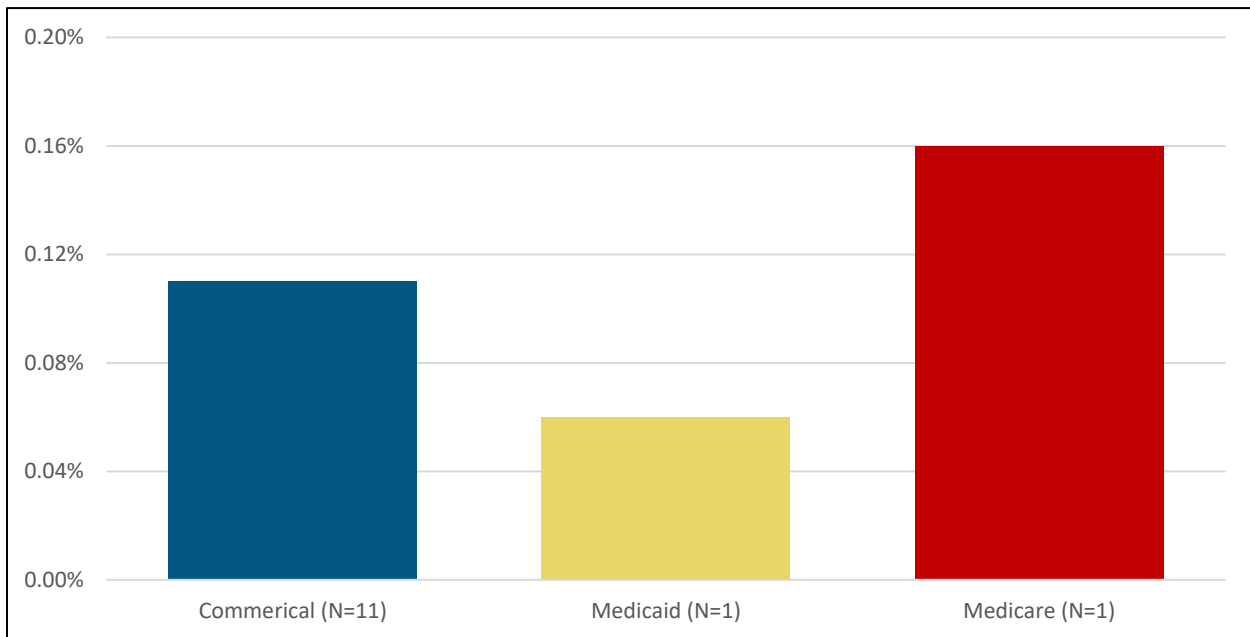
### Measure Description

This *mandatory* measure assesses the number of hospital events for hypertension per number of adult members 18 years or older with chronic hypertension during the measurement period. **A lower rate represents better performance.**

### Summary of Findings

Eleven organizations submitted data for Commercial, one submitted data for Medicaid, one submitted data for Medicare and for All Other Population. The aggregate summary rate for Commercial is 0.11% with a mean of 3.29% and median of 0.39%. One data submission (Response ID 34) had an extreme outlier denominator of 182,066 given it was a large regional organization and had a rate of 0.06%. Removing this submission results in an aggregate summary rate of 0.41% with a mean of 3.62% and median of 0.592%. The overall results show high performance with few hospitalizations and small variation between organizations.

Exhibit 35: Hypertension Event Rate



Note: Lower rate represents better performance.

Exhibit 36: Hypertension Event Rate (Summary Data)

Measure	Hypertension Event Rate				
	Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean
Commercial	233	213,462	.11%	3.29%	11
Medicaid	6	9,402			1
Medicare	4	2,425			1
All Other	3	25			1

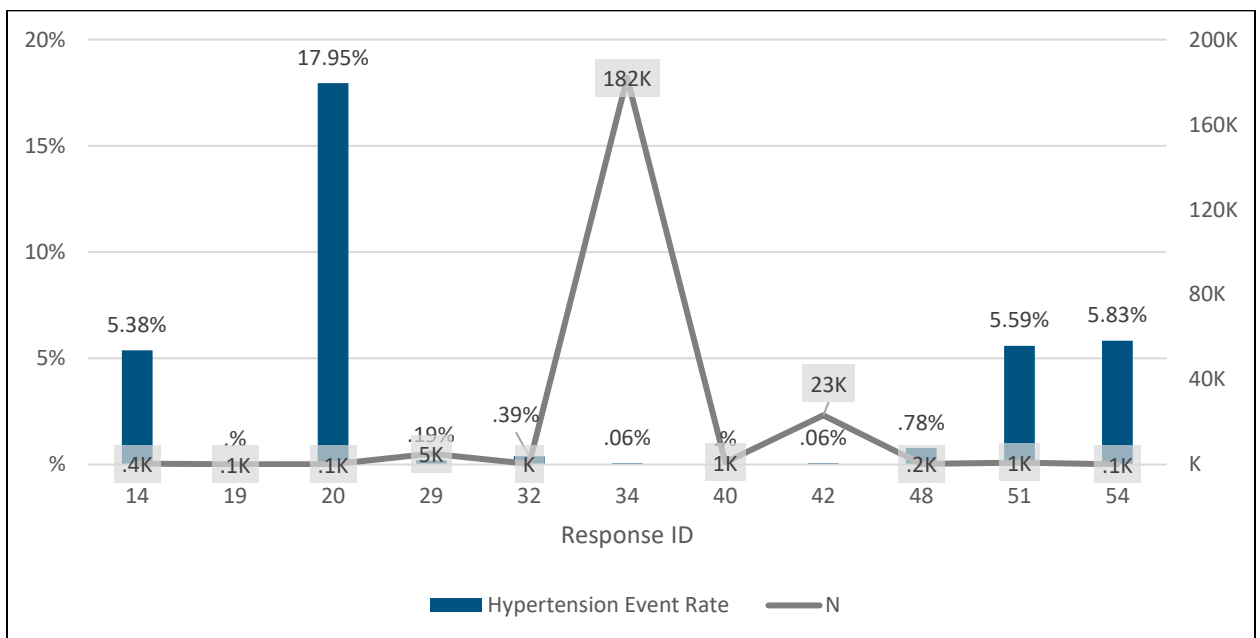
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 37: Hypertension Event Rate (Benchmark Data)

Measure	Hypertension Event Rate						
	Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>
Commercial	17.95%	5.83%	5.48%	.39%	.06%	0.00%	0.00%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 38: Hypertension Event Rate – Commercial Results



## Measure 8 – Heart Failure Event Rate (DM2012-38)

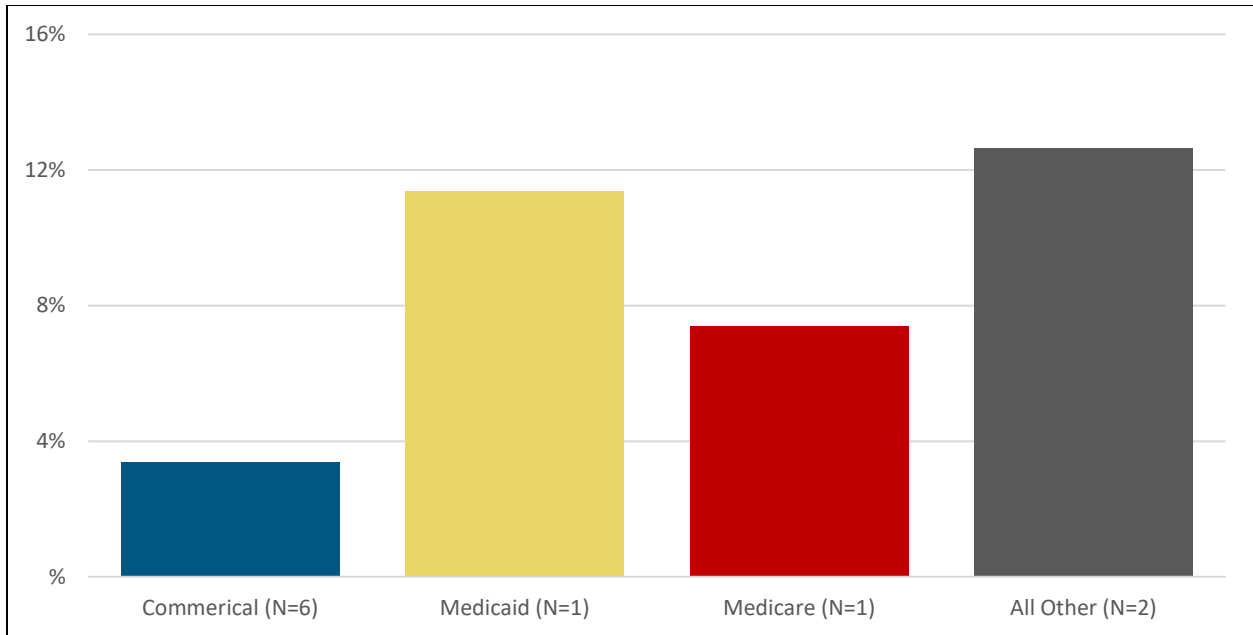
### Measure Description

This *mandatory* measure assesses the number of hospital events with a principal diagnosis of heart failure per number of adult members with diagnosed heart failure. **A lower rate represents better performance.**

### Summary of Findings

Eleven organizations submitted data for Commercial, one submitted data for Medicaid, one submitted data for Medicare, and three submitted data for All Other Population. Six organizations had low denominators and were not included in the analysis. The aggregate summary rate for Commercial is 3.36% with a mean of 10.16% and median of 2.11%. One data submission (Response ID 34) had an extreme outlier denominator of 6,066 given it was a large regional organization and had a rate of 1.17%. Removing this submission results in an aggregate summary rate of 5.39% with a mean of 11.74% and median of 2.00%.

Exhibit 39: Heart Failure Event Rate



Note: Lower rate represents better performance.

Exhibit 40: Heart Failure Event Rate (Summary Data)

Measure	Heart Failure Event Rate				
	Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean
Commercial	319	9,481	3.36%	10.16%	6
Medicaid	366	3,219			1
Medicare	24	325			1
All Other	85	672			2

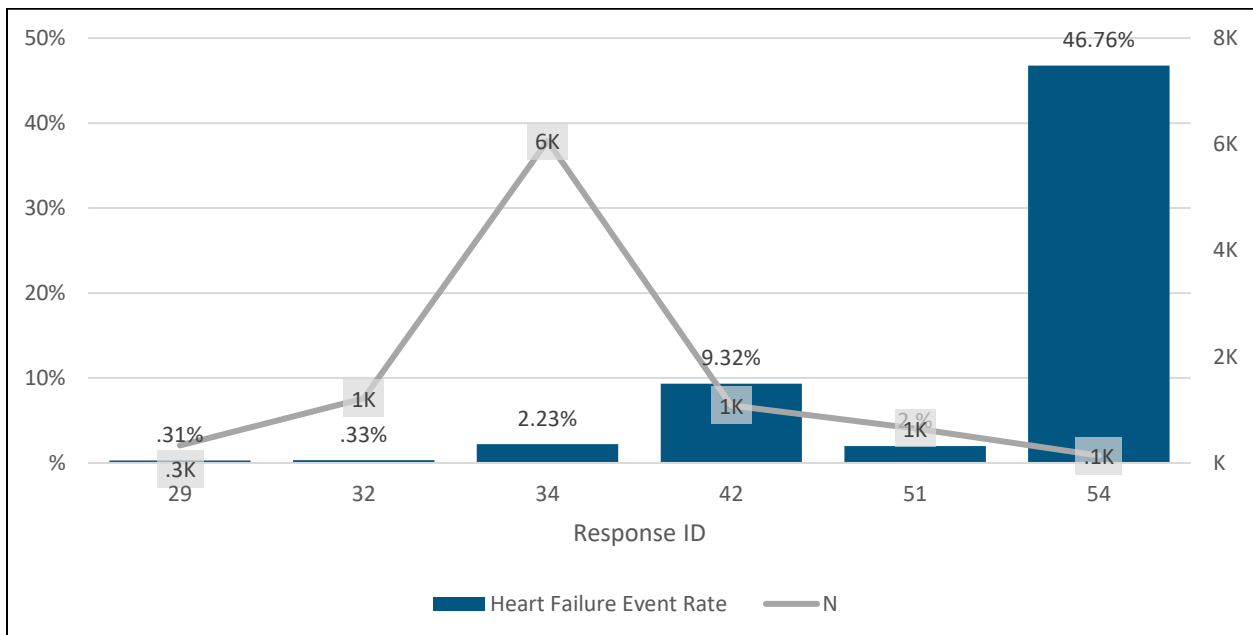
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 41: Heart Failure Event Rate (Benchmark Data)

Measure	Heart Failure Event Rate						
	Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>
Commercial	46.76%	24.34%	7.2%	1.83%	.63%	.26%	.31%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 42: Heart Failure Event Rate – Commercial Results



## Measure 9 – Diabetes Short-Term Complications Event Rate (DM2012-73)

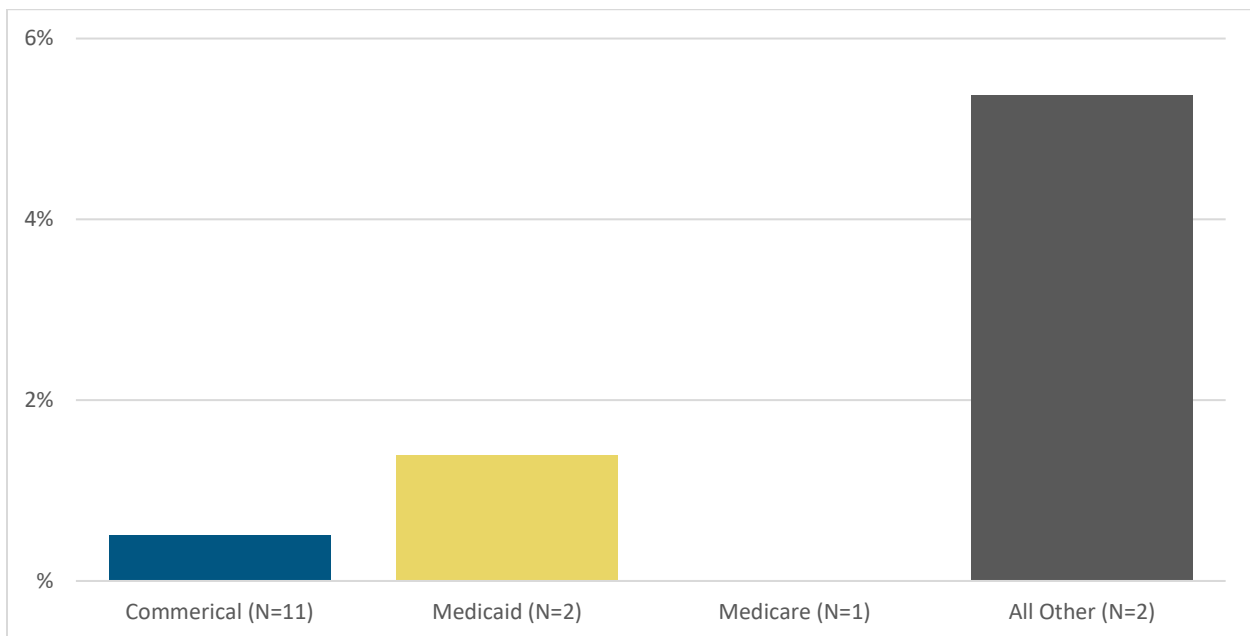
### Measure Description

This *mandatory* measure assesses the number short-term diabetes complication events (ketoacidosis, hyperosmolarity, or coma) in adults 18 years and older per number of chronic diabetic adult members as of the end of the measurement period. **A lower rate represents better performance.**

### Summary of Findings

Eleven organizations submitted data for Commercial, two submitted data for Medicaid, one submitted data for Medicare, and three submitted data for All Other Population. One organization had a low denominator and was not included in the analysis. The aggregate summary rate for Commercial is 0.50% with a mean of 3.68% and median of 0.1.18%. One data submission (Response ID 34) had an extreme outlier denominator of 63,004 given it was a large regional organization and had a rate of 0.28%. Removing this submission results in an aggregate summary rate of 1.14% with a mean of 4.02% and median of 1.28%.

Exhibit 43: Diabetes Short-Term Complications Event Rate



Note: Lower rate represents better performance.

Exhibit 44: Diabetes Short-Term Complications Event Rate (Summary Data)

Measure	Diabetes Short-Term Complications Event Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	422	84,735	.5%	3.68%	11
Medicaid	96	6,922			2
Medicare	0	240			1
All Other	310	5,775			2

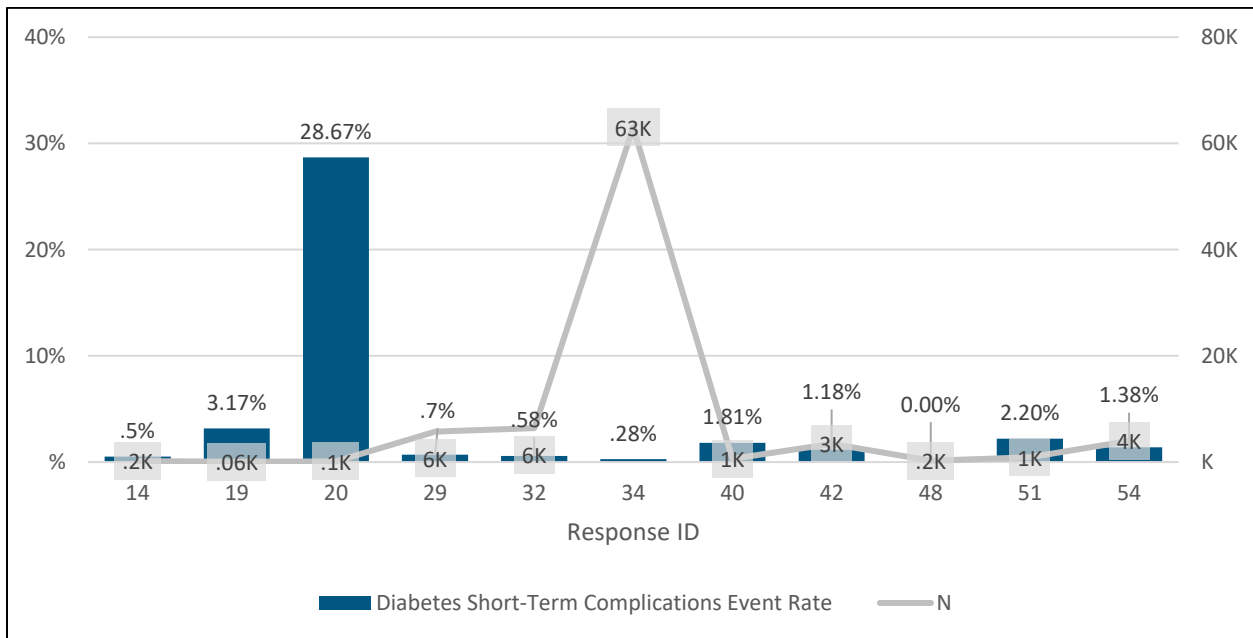
Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions

Exhibit 45: Diabetes Short-Term Complications Event Rate (Benchmark Data)

Measure	Diabetes Short-Term Complications Event Rate						
Line of Business	Min	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	Max
Commercial	28.67%	3.17%	2.00%	1.18%	0.54%	0.28%	0.00%

Note: Benchmark data was not calculated for Medicare, Medicaid and All Other lines for service due to limited data

Exhibit 46: Diabetes Short-Term Complications Event Rate – Commercial Results



## Measure 10 – Asthma in Younger Adults Admission Rate (DM2012-10)

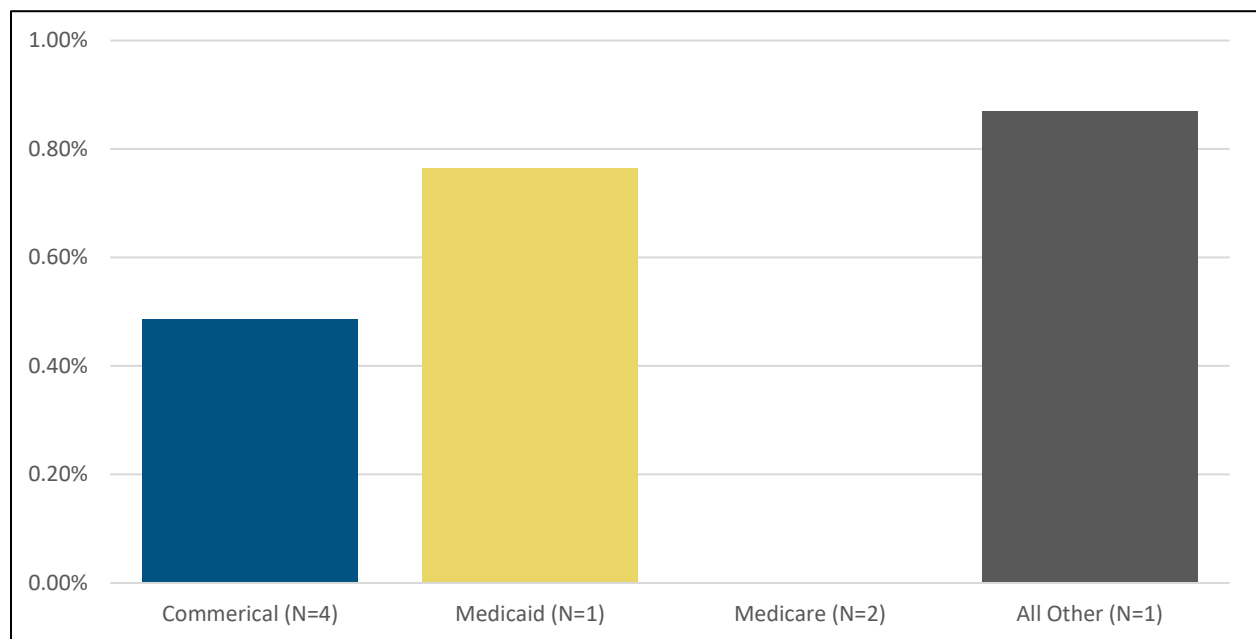
### Measure Description

This *mandatory* measure assesses the admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. **A lower rate represents better performance.**

### Summary of Findings

Six organizations submitted data for Commercial, one submitted data for Medicaid, one submitted data for Medicare, and two submitted data for All Other Population. Three organizations had low denominators and were not included in the analysis. The aggregate summary rate for Commercial is .04% with a mean of 4.74% and median of .55%.

Exhibit 47: Asthma in Younger Adults Admission Rate



Note: Lower rate represents better performance.

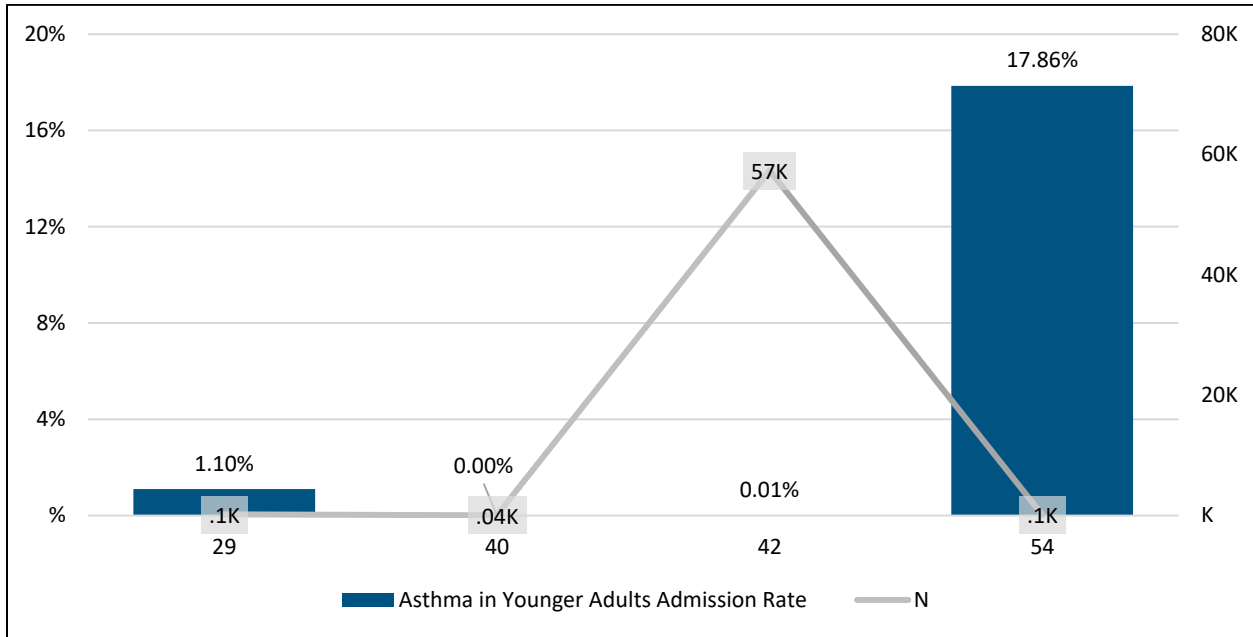
Exhibit 48: Asthma in Younger Adults Admission Rate (Summary Data)

Measure	Asthma in Younger Adults Admission Rate				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	25	57,666			4
Medicaid	18	2,354			1
Medicare	0	8			2
All Other	26	2,992			1

Note: Aggregate Summary Rate and Mean are not displayed when there are fewer than 5 submissions. Percentiles were not calculated due to less than 5 valid submissions.

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Exhibit 49: Asthma in Younger Adults Admission Rate - Commercial Results





## Measure 11 – Patient Activation Measure (DM2012-10)

### Measure Description

This *exploratory* measure is a survey that assesses the knowledge, skills, and confidence integral to managing one's own health and health care. With the ability to measure activation and uncover related insights into consumer self-management competencies, care support and education can be more effectively tailored to help individuals become more engaged and successful managers of their health. This measure is reported to URAC in four parts: Part A measures the total number of responses received to the initial PAM survey; Part B measures the stratification of activation levels across respondents; Part C measures the total number of responses to a re-assessment PAM survey; Part D measures the total number of respondents that moved to a higher activation level at the time of re-assessment from baseline evaluation.

In 2012, URAC's Measures Advisory Group recommended the Patient Activation Measure® (PAM®) from Insignia Health ([www.insigniahealth.com](http://www.insigniahealth.com)) as an Exploratory Measure for Disease Management accreditation. The use of PAM, however, requires individual licensing of the submitting organization with Insignia Health. Information is shared in the following section regarding this measure's value and the steps to take to obtain a license for use.

### Summary of Findings

Only two organizations submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

## Measure 12 – Proportion of Days Covered (DM2012-12)

### Measure Description

This *exploratory* measure assesses the percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A performance rate is calculated separately for the following 10 medication categories: Beta-blockers (BB); Renin Angiotensin System (RAS) Antagonists; Calcium Channel Blockers (CCB); Biguanides; Sulfonylureas; Thiazolidinediones; DiPeptidyl Peptidase (DPP)-IV Inhibitors; Diabetes All Class; Statins; Anti-retrovirals (this measure has a threshold of 90% for at least 2 medications).

### Summary of Findings

Only two organizations submitted data for Commercial category for Proportion of Days Covered. No other organizations submitted data in other categories for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

## Measure 13 – Drug-Drug Interactions (DM2012-26)

### Measure Description

This *exploratory* measure assesses the percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication.

### Summary of Findings

Only two organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

## Measure 14 – Adherence to Non-Warfarin Oral Anticoagulants (DM2015-01)

### Measure Description

This *exploratory* measure assesses the percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for non-warfarin oral anticoagulants.

### Summary of Findings

Only two organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

## Measure 15 – Medication Therapy for Persons with Asthma (DM2012-26)

### Measure Description

This *exploratory* measure assesses the percentage of participants with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period. Two rates are reported: Suboptimal Control, Absence of Controller Therapy.

### Summary of Findings

Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

## Concluding Remarks

### Data Errors Corrected by URAC

Exhibit 50: Data Entry Errors – Duplicate Submission Removal

Measure	Sub-Measure	Response ID	Book of Business	Measure Status
All	All	18	All	Duplicate submission. Removed from results by URAC

This performance report has been prepared by the URAC Quality, Research and Measurement Department. If you have any questions about the results contained herein, please contact us at: [ResearchMeasurement@urac.org](mailto:ResearchMeasurement@urac.org).