| Measure  | Description  | Data Source(s)                  | Composite Domain                                    | Measure Source                  |
|--|--|---------------------------------|---|---------------------------------|
| Avoidance of anti-<br>biotic treatment in<br>adults with acute<br>bronchitis (AAB)     | Percentage of adults ages 18-64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription   | Claims                          | Effectiveness of Care:<br>Respiratory Conditions    | NCQA: HEDIS 2012<br>Measure Set |
| Adult weight<br>screening and<br>follow-up   | Percentage of patients age 18 years and older with a calculated<br>body mass index (BMI) in the past six months or during the cur-<br>rent visit documented in the medical record AND if the most<br>recent BMI is outside the parameters, a follow up plan is docu-<br>mented. Normal parameters:<br>Age 65 and older BMI $\geq$ 23 and <30<br>Ages 18-64 BMI $\geq$ 18.5 and <25   | Claims<br>EHR                   | Effectiveness of Care:<br>Prevention and Screening  | CMS/<br>NQF 0421                |
| Medication<br>Management for<br>People with Asthma<br>(MMA)                            | The percentage of members ages 18–64 during the measurement<br>year who were identified as having persistent asthma and who<br>were dispensed appropriate medications and remained on their<br>medications during the treatment period. Two rates are reported:<br>1. The percentage of members who remained on an asthma<br>controller medication for at least 50% of the treatment period<br>2. The percentage of members who remained on an asthma<br>controller medication for at least 75% of the treatment period  | Claims<br>EHR                   | Effectiveness of Care:<br>Respiratory Conditions    | NCQA: HEDIS 2012<br>Measure Set |
| Breast cancer<br>screening (BCS)   | Percentage of women ages 40-69 who had a mammogram to screen for breast cancer   | Claims<br>EHR                   | Effectiveness of Care:<br>Prevention and Screening  | NCQA: HEDIS 2012<br>Measure Set |
| Cervical cancer screening (CCS)  | Percentage of women ages 21-64 who received one or more Pap tests to screen for cervical cancer  | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Prevention and Screening  | NCQA: HEDIS 2012<br>Measure Set |
| Chlamydia screen-<br>ing in women (CHL)  | Percentage of women ages 16-24 who were identified as<br>sexually active and who had at least one test for chlamydia<br>during the measurement year  | Claims<br>EHR                   | Effectiveness of Care:<br>Prevention and Screening  | NCQA: HEDIS 2012<br>Measure Set |
| Colorectal cancer<br>Screening (COL)   | Percentage of members ages 50-75 who had appropriate screening for colorectal cancer   | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Prevention and Screening  | NCQA: HEDIS 2012<br>Measure Set |
| Cholesterol man-<br>agement for<br>patients with<br>cardiovascular<br>conditions (CMC) | Percentage of members ages 18–75 who were discharged alive<br>for acute myocardial infarction (AMI), coronary artery bypass<br>graft (CABG), or percutaneous coronary interventions (PCI) from<br>January 1 to November 1 of the year prior to the measurement<br>year, or who had a diagnosis of ischemic vascular disease (IVD)<br>during the measurement year and the year prior to the measure-<br>ment year, who had each of the following during the measurement<br>year:<br>LDL-C screening<br>LDL-C control (<100 mg/dL)   | Claims<br>Medical record        | Effectiveness of Care:<br>Cardiovascular Conditions | NCQA: HEDIS 2012<br>Measure Set |
| Antidepressant<br>medication man-<br>agement (AMM)                                     | <ul> <li>Percentage of members age 18 and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported:</li> <li>1. Effective acute phase treatment: the percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li>2. Effective continuation phase treatment: the percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months)</li> </ul> | Claims<br>EHR                   | Effectiveness of Care:<br>Behavioral Health         | NCQA: HEDIS 2012<br>Measure Set |
| Comprehensive<br>diabetes care:<br>Hemoglobin A1c<br>(HbA1c) testing                   | Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had HbA1c testing   | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Diabetes                  | NCQA: HEDIS 2012<br>Measure Set |
| Comprehensive<br>diabetes care:<br>HbA1c poor control<br>(>9.0%)                       | Percentage of members ages 18–75 with diabetes (type 1 and type 2) who had poor HbA1c control (>9.0%)  | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Diabetes                  | NCQA: HEDIS 2012<br>Measure Set |

| Measure  | Description  | Data Source(s)                  | Composite Domain  | Measure Source  |
|--|--|---------------------------------|---|---|
| Comprehensive dia-<br>betes care: blood<br>pressure control<br>(<140/80 mm Hg)   | Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had blood pressure control of $<140/80$ mm Hg   | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Diabetes  | NCQA: HEDIS 2012<br>Measure Set                                     |
| Comprehensive<br>diabetes care:<br>Eye exam (retinal)<br>performed   | Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had an eye exam (retinal) performed   | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Diabetes  | NCQA: HEDIS 2012<br>Measure Set                                     |
| Comprehensive<br>diabetes care:<br>LDL-C screening   | Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had an LDL-C screening  | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Diabetes  | NCQA: HEDIS 2012<br>Measure Set                                     |
| Comprehensive<br>diabetes care:<br>LDL-C <100 mg/dL  | Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had good LDL-C control (<100 mg/L)  | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Diabetes  | NCQA: HEDIS 2012<br>Measure Set                                     |
| Comprehensive<br>diabetes care:<br>Medical attention<br>for nephropathy  | Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had medical attention for nephropathy   | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Diabetes  | NCQA: HEDIS 2012<br>Measure Set                                     |
| Comprehensive<br>diabetes care   | Percentage of members ages 18–75 with diabetes (type 1 and type 2) who had each of the following: hemoglobin A1c testing, HbA1c poor control (>9.0%), HbA1c control (<8.0%), HbA1c control (<7.0%) for a selected population, eye exam (retinal) performed, LDL–C screening, LDL–C control (<100 mg/dL), medical attention for nephropathy, blood pressure control (<140/80 mm Hg), blood pressure control (<140/90 mm Hg)   | Claims<br>Medical record        | Effectiveness of Care:<br>Diabetes  | NCQA: HEDIS 2012<br>Measure Set                                     |
| Controlling high<br>blood pressure<br>(CBP)  | Percentage of members ages 18–85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year  | Claims<br>Medical record        | Effectiveness of Care:<br>Cardiovascular Conditions                                     | NCQA: HEDIS 2012<br>Measure Set                                     |
| Use of imaging<br>studies for low back<br>pain (LBP)   | Percentage of members with a primary diagnosis of low back pain<br>who did not have an imaging study (plain X-ray, MRI, CT scan)<br>within 28 days of diagnosis  | Claims<br>EHR                   | Effectiveness of Care:<br>Musculoskeletal Conditions                                    | NCQA: HEDIS 2012<br>Measure Set                                     |
| Annual monitoring<br>for patients on per-<br>sistent medications<br>(MPM)  | <ul> <li>Percentage of members age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the four rates separately and as a total rate.</li> <li>annual monitoring for members of angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)</li> <li>annual monitoring for members on diuretics</li> <li>annual monitoring for members on anticonvulsants</li> <li>total rate (the sum of the four numerators divided by the sum of the four denominators)</li> </ul> | Claims                          | Effectiveness of Care:<br>Medication Management   | NCQA: HEDIS 2012<br>Measure Set                                     |
| Pneumonia vac-<br>cination status for<br>older adults (PNU)  | Percentage of Medicare members age 65 and older as of January 1 of the measurement year who have ever received a pneumococ-<br>cal vaccination   | Survey<br>EHR                   | Effectiveness of Care:<br>Measures Collected Through<br>the CAHPS Health Plan<br>Survey | NCQA: HEDIS 2012<br>Measure Set via the<br>Medicare CAHPS<br>Survey |
| Preventive Care<br>and Screening<br>Measure Pair:<br>a) Tobacco Use<br>Assessment, and b)<br>Tobacco Cessation<br>Intervention | <ul> <li>a) Percentage of patients age 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months</li> <li>b) Percentage of patients age 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention</li> </ul>  | Claims<br>EHR                   | Effectiveness of Care:<br>Prevention and Screening                                      | CMS<br>AMA-PCPI   |

Source: Commonwealth Fund Patient-Centered Medical Home Evaluators' Collaborative.

| Adult Quality Measures   |   |
|--|---|
| Claims-based measures  | Claims- and chart-based measures  |
| Diabetes process measures  | All diabetes outcome measures   |
| Pneumonia vaccination  | Tobacco assessment and intervention (aligned with Meaningful Use incentives and ACO models) |
| Cervical cancer screening  | BMI documentation and follow-up (aligned with Meaningful Use incentives and ACO models)     |
| Breast cancer screening  | Hypertension control  |
| Colorectal cancer screening  | Hyperlipidemia control  |
| Antidepressant medication management   | Acute low back pain imaging   |
| Overuse: antibiotics for acute bronchitis  |   |
| Safety: persistent medication monitoring   |   |
| Asthma medication management (ages 18-64)  |   |
| Child Quality Measures   |   |
| Claims-based measures  | Claims- and chart-based measures  |
| Well-child visits (all pre-specified ages)   | 2-year and 13-year immunizations  |
| Appropriate testing for children with pharyngitis  | Body mass index assessment and follow-up percentile   |
| Follow-up care for children prescribed attention deficit hyperactivity disorder medication |   |
| Asthma medication management (ages 5-18)   |   |
| 2  |   |

## Table 4. Core Recommended Technical Quality Measures for PCMH Meta-Analysis

Source: Commonwealth Fund Patient-Centered Medical Home Evaluators' Collaborative.

## Notes

- <sup>1</sup> B. Starfield, L. Shi, and J. Macinko, "Contribution of Primary Care to Health Systems and Health," *Milbank Quarterly*, 2005 83(3):457–502.
- <sup>2</sup> D. R. Rittenhouse, L. P. Casalino, S. M. Shortell et al., "Small and Medium-Size Physician Practices Use Few Patient-Centered Medical Home Processes," *Health Affairs*, June 2011 30(8):1575–84 ; and Aligning Forces for Quality, "Practice Coaching Program Manual," Sept. 10, 2010.
- <sup>3</sup> National Academy for State Health Policy, Medical Home and Patient-Centered Care, May 2012; Patient-Centered Primary Care Collaborative, Pilots and Demonstrations in the United States, May 2012; and Center for Medicare and Medicaid Innovation.
- <sup>4</sup> D. Peikes, A. Zutshi, J. L. Genevro et al., "Early Evaluations of the Medical Home: Building on a Promising Start," *American Journal of Managed Care*, Feb. 2012 18(2):105–16.; R. J. Reid, P. A. Fishman, O. Yu et al., "A Patient-Centered Medical Home Demonstration: A Prospective, Quasi-Experimental, Before and After Evaluation," *American Journal of Managed Care*, Sept. 2009 15(9):e71–e87; R. Reid, K. Coleman, E. Johnson et al., "The Group Health Medical Home at Year 2: Cost Savings, Higher Patient Satisfaction and Less Burnout for Providers," *Health Affairs*, May 2010 29(5):835–43; R. Gilfillan, J. Tomcavage, M. Rosenthal et al., "Value and the Medical

Home: Effects of Transformed Primary Care," *American Journal of Managed Care*, Aug. 2010 16(8):607–14; and D. Maeng, J. Graham, and T. Graf et al., "Reducing Long-Term Cost by Transforming Primary Care: Evidence from Geisinger's Medical Home Model," *American Journal of Managed Care*, March 2012 18(3):149–55.

- <sup>5</sup> M. B. Rosenthal, H. B. Beckman, D. D. Forrest et al., "Will the Patient-Centered Medical Home Improve Efficiency and Reduce Costs of Care? A Measurement and Research Agenda," *Medical Care Research and Review*, published online June 2, 2010.
- <sup>6</sup> S. Crabtree, C. Chase, C. Wise et. al., "Evaluation of Patient Centered Medical Home Practice Transformation Initiatives," *Medical Care*, Jan. 2011 49(1):10–16.
- <sup>7</sup> A. Bitton, "Evaluating Clinical Quality in the Patient-Centered Medical Home," *Medical Home Summit*, March 2011.
- <sup>8</sup> Agency for Healthcare Research and Quality, CAHPS Patient-Centered Medical Home (PCMH) Item Set.
- <sup>9</sup> HealthPartners, "National Quality Forum Endorsement: HealthPartners Measurement Approach for Total Cost of Care and Resource Use," 2012.
- <sup>10</sup> Agency for Healthcare Research and Quality, CAHPS Patient-Centered Medical Home (PCMH) Item Set.

## Appendix A2. Supplemental Adult Technical Quality Measures for PCMH Evaluations

| Measure   | Description   | Data<br>Source(s)               | Important<br>Considerations  | Composite<br>Domain  | Measure<br>Source  |
|---|---|---------------------------------|--|--|--|
| Fall risk manage-<br>ment (FRM)   | The two components of this measure assess different facets of<br>fall risk management:<br>Discussing fall risk: the percentage of Medicare members 75<br>and older or 65–74 with balance or walking problems or a fall in<br>the past 12 months, who were seen by a practitioner in the past<br>12 months and who discussed falls and problems with balance<br>or walking with their current practitioner<br>Managing fall risk: the percentage of Medicare members 65 and<br>older who had a fall or had problems with balance or walking in<br>the past 12 months, who were seen by a practitioner in the past<br>12 months, and who received fall risk intervention from their<br>current practitioner   | Survey                          | May require heavy<br>chart abstraction   | Effectiveness of<br>Care: Measures<br>Collected Through<br>Medicare Health<br>Outcome Survey | NCQA: HEDIS<br>2012 Measure<br>Set via the<br>Medicare Health<br>Outcomes Survey   |
| Flu shots for adults<br>ages 50-64 (FSA)<br>and flu shots for<br>older adults (FSO) | FSA: A rolling average represents the percentage of commercial members ages 50–64 who received an influenza vaccination between September 1 of the measurement year and the date when the CAHPS 4.0H Survey was completed FSO: The percentage of Medicare members 65 and older as of January 1 of the measurement year who received an influenza vaccination between September 1 of the measurement year and the date when the Medicare CAHPS survey was completed  | Survey                          | May not be accurate<br>due to wide variety<br>of sources where<br>patients could get an<br>influenza vaccination   | Effectiveness of<br>Care: Measures<br>Collected Through<br>the CAHPS Health<br>Plan Survey   | NCQA: HEDIS<br>2012 Measure<br>Set via CAHPS<br>Health Plan<br>Survey 4.0H, Adult<br>Version (FSA) and<br>Medicare CAHPS<br>(FSO)  |
| Medication rec-<br>onciliation post-<br>discharge (MRP)                             | The percentage of discharges from January 1–December 1 of the measurement year for members 66 and older for whom medications were reconciled on or within 30 days of discharge  | Claims<br>Medical record<br>EHR | May be difficult to<br>abstract from medical<br>records  | Effectiveness of<br>Care: Medication<br>Management   | NCQA: HEDIS<br>2012 Measure<br>Set   |
| Osteoporosis test-<br>ing in older women<br>(OTO)                                   | The percentage of Medicare women 65 years and over who report ever having received a bone density test to check for osteoporosis  | Survey<br>EHR                   | Some question the<br>utility of this measure<br>on a population basis  | Effectiveness of<br>Care: Measures<br>Collected Through<br>Medicare Health<br>Outcome Survey | NCQA: HEDIS<br>2012 Measure<br>Set via the<br>Medicare Health<br>Outcome Survey  |
| Medical assistance<br>with smoking and<br>tobacco use cessa-<br>tion (MSC)          | The three components of this measure assess different facets<br>of providing medical assistance with smoking and tobacco use<br>cessation:<br>Advising smokers and tobacco users to quit: a rolling average<br>represents the percentage of members 18 and older who are<br>current smokers or tobacco users and who received cessation<br>advice during the measurement year<br>Discussing cessation medications: a rolling average represents<br>the percentage of members 18 and older who are current smok-<br>ers or tobacco users and who discussed or were recommended<br>cessation medications during the measurement year<br>Discussing cessation strategies: a rolling average represents the<br>percentage of members 18 and older who are current smok-<br>ers or tobacco users who discussed or were provided cessation<br>methods or strategies during the measurement year | Survey<br>EHR                   | May be more robust<br>and linkable to<br>outcomes than the<br>smoking cessation<br>advice measure;<br>Documentation in the<br>chart more likely to<br>be inadequate  | Effectiveness of<br>Care: Measures<br>Collected Through<br>the CAHPS Health<br>Plan Survey   | NCQA: HEDIS<br>2012 Measure<br>Set; Collected via<br>CAHPS Health<br>Plan Survey 4.0H,<br>Adult Version and<br>Medicare CAHPS<br>(Medicare CAHPS<br>collects results for<br>only the Advising<br>Smokers and<br>Tobacco Users to<br>Quit rate) |
| Management of uri-<br>nary incontinence<br>in older adults<br>(MUI)                 | The two components of this measure assess the management of<br>urinary incontinence in older adults:<br>Discussing urinary incontinence: the percentage of Medicare<br>members 65 and older who reported having a problem with<br>urine leakage in the past six months and who discussed their<br>urine leakage problem with their current practitioner<br>Receiving urinary incontinence treatment: the percentage of<br>Medicare members 65 and older who reported having a urine<br>leakage problem in the past six months and who received treat-<br>ment for their current urine leakage problem   | Survey                          | Documentation may<br>be inadequate; treat-<br>ment may consist of<br>medications that can<br>promote falls   | Effectiveness of<br>Care: Measures<br>Collected Through<br>Medicare Health<br>Outcome Survey | NCQA: HEDIS<br>2012 Measure<br>Set via the<br>Medicare Health<br>Outcomes Survey   |
| Use of high-risk<br>medications in the<br>elderly (DAE)                             | Percentage of Medicare members 65 and older who received at<br>least one high-risk medication<br>The percentage of Medicare members 65 and older who<br>received at least two different high-risk medications<br>(for both rates, a lower rate represents better performance)   | Claims<br>EHR                   | There may be valid<br>reasons why a patient<br>may need to be on<br>these medications;<br>not much data that<br>reducing these<br>medications clearly<br>improves outcomes—<br>these criteria are<br>controversial | Effectiveness of<br>Care: Medication<br>Management   | NCQA: HEDIS<br>2012 Measure<br>Set   |

## Appendix A3. Core Recommended Pediatric Technical Quality Measures for PCMH Evaluations

| Measure  | Description   | Data<br>Source(s)               | Composite<br>Domain                                      | Measure<br>Source               |
|--|---|---------------------------------|--|---------------------------------|
| Immunizations for adolescents (IMA)  | The percentage of adolescents age 13 who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.  | Claims<br>Medical record        | Effectiveness of<br>Care: Prevention and<br>Screening    | NCQA: HEDIS 2012<br>Measure Set |
| Medication<br>Management for<br>People with Asthma<br>(MMA)  | The percentage of members ages 5–18 during the measurement year who were identified as having persistent asthma and who were dispensed appropriate medications and remained on their medications during the treatment period. Two rates are reported, stratified by ages 5–11 and 12–18:<br>1. The percentage of members who remained on an asthma controller medication for at least 50% of the treatment period<br>2. The percentage of members who remained on an asthma controller medication for at least 75% of the treatment period  | Claims<br>EHR                   | Effectiveness of<br>Care: Respiratory<br>Conditions      | NCQA: HEDIS 2012<br>Measure Set |
| Adolescent well-<br>care visits (AWC)  | The percentage of enrolled members ages 12-who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year  | Claims<br>Medical record        | Utilization and<br>Relative Resource<br>Use: Utilization | NCQA: HEDIS 2012<br>Measure Set |
| Appropriate testing<br>for children with<br>pharyngitis (CWP)  | The percentage of children agers 2–18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode  | Claims<br>EHR                   | Effectiveness of<br>Care: Respiratory<br>Conditions      | NCQA: HEDIS 2012<br>Measure Set |
| Childhood immuni-<br>zation status (CIS)   | The percentage of children at age 2 who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.  | Claims<br>Medical record<br>EHR | Effectiveness of<br>Care: Prevention and<br>Screening    | NCQA: HEDIS 2012<br>Measure Set |
| Chlamydia screen-<br>ing in women (CHL)  | The percentage of women ages 16–24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year   | Claims<br>EHR                   | Effectiveness of Care:<br>Prevention and<br>Screening    | NCQA: HEDIS 2012<br>Measure Set |
| Follow-up after<br>hospitalization<br>for mental illness<br>(FUH)  | The percentage of discharges for members ages 6 and older who were hospitalized<br>for treatment of selected mental health disorders and who had an outpatient visit,<br>an intensive outpatient encounter, or partial hospitalization with a mental health<br>practitioner. Two rates are reported:<br>1. The percentage of members who received follow-up within 30 days of discharge<br>2. The percentage of members who received follow-up within seven days of<br>discharge  | Claims                          | Effectiveness of Care:<br>Behavioral Health              | NCQA: HEDIS 2012<br>Measure Set |
| Follow-up care for<br>children prescribed<br>attention deficit<br>hyperactivity dis-<br>order medication<br>(ADD)      | The percentage of children newly prescribed attention-deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:<br>1. Initiation phase: the percentage of members 6–12 as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase<br>2. Continuation and maintenance phase: the percentage of members ages 6–12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended | Claims<br>EHR                   | Effectiveness of Care:<br>Behavioral Health              | NCQA: HEDIS 2012<br>Measure Set |
| Weight assessment<br>and counseling for<br>nutrition and physi-<br>cal activity for chil-<br>dren/adolescents<br>(WCC) | The percentage of members ages 3–17 who had an outpatient visit with a primary care provider or OB/GYN and who had evidence of the following during the measurement year: Body mass index (BMI) percentile documentation; counseling for nutrition; counseling for physical activity  | Claims<br>Medical record<br>EHR | Effectiveness of Care:<br>Prevention and<br>Screening    | NCQA: HEDIS 2012<br>Measure Set |
| Well-child visit in<br>the first 15 months<br>of life (W15)  | The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: no well-child visits; one well-child visit; two well-child visits; three well-child visits; four well-child visits; five well-child visits; six or more well-child visits   | Claims<br>Medical record        | Utilization and<br>Relative Resource<br>Use: Utilization | NCQA: HEDIS 2012<br>Measure Set |
| Well-child visit in<br>the third, fourth,<br>fifth, and sixth years<br>of life (W34)                                   | The percentage of members ages 3–6 who had one or more well-child visits with a primary care provider during the measurement year.  | Claims<br>Medical record        | Utilization and<br>Relative Resource<br>Use: Utilization | NCQA: HEDIS 2012<br>Measure Set |

Source: Commonwealth Fund Patient-Centered Medical Home Evaluators' Collaborative.