VIRGINIA CENTER FOR HEALTH INNOVATION

WHO WE ARE

Incorporated in January 2012 following a recommendation from Gov. Robert McDonnell's Virginia Health Reform Initiative, the Virginia Center for Health Innovation (VCHI) is a nonprofit, public-private partnership that seeks to facilitate innovation by convening key stakeholders and securing the resources to accelerate value-driven models of wellness and health care throughout Virginia. VCHI's work is focused on achieving three aims: reducing low-value health care, increasing high-value health care, and ensuring Virginia has the infrastructure in place to measure and reward value in health care.

VCHI and its partners - health care providers, health systems, health plans, pharmaceutical manufacturers and laboratory companies, employers, consumers, and government – are committed to improving health value in Virginia. The Virginia Health Value Dashboard is our roadmap.

WHAT WE DO

VCHI Improves value in health care through four core services. These are:

CONVENE AND EDUCATE STAKEHOLDERS interested in accelerating the adoption of value-driven models of wellness and healthcare in an effort to improve patient outcomes and advance Virginia's well-being and economic competitiveness.

OVERSEE AND FACILITATE DEMONSTRATION RESEARCH to test and evaluate models of value-driven wellness and health care.

LEVERAGE DATA AND ANALYTICAL RESOURCES that inform and enable health care providers, public health professionals, government representatives, community organizations, employers and consumers to make better decisions.

HELP PREPARE THE HEALTH CARE DELIVERY SYSTEM AND THE PUBLIC for a high quality, value-driven health care marketplace which features engaged and satisfied clinicians and patients.

WHAT'S NEW IN THE 2021 VIRGINIA HEALTH VALUE DASHBOARD

Regional Performance

- In the Statewide analysis, there are two new columns highlighting the degree of regional variation ("Regional Variation") and the top performing region for each measure ("Top Region").

Health Equity

- In an effort to bring a health equity lens to our Dashboard measures, there is a new sheet that incorporates the Area Deprivation Index. "The Area Deprivation Index (ADI) is based on a measure created by the Health Resources & Services Administration (HRSA) over two decades ago for primarily county-level use, but refined, adapted, and validated to the Census block group/neighborhood level by Amy Kind, MD, PhD and her research team at the University of Wisconsin-Madison. It allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest (e.g. at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups." Source: https://www.neighborhoodatlas.medicine.wisc.edu/
- The column "Correlation to Area Deprivation Index" – uses a scale as follows:
  If rate increases as Deprivation Score increases (higher score indicates higher level of deprivation) then positive, if rate decreases as Deprivation Score increases then negative. If the absolute value of the correlation coefficient is less than .3 then Low, if greater than .3 but less than .5 then Moderate, if greater than .5 then High.

■ = Better than statewide rate
■ = Same as statewide rate
■ = Worse than statewide rate

	STATEWIDE	NORTHWEST	NORTHERN	SOUTHWEST	CENTRAL	EASTERN
REDUCING LOW VALUE CARE						
Utilization and Cost of Avoidable Emergency Room Visits						
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	12%	■	■	■	■	■
Potentially Avoidable ED Visits - Per 1,000 Member Months	3.0	■	■	■	■	■
Potentially Avoidable ED Visits - Per Member Per Year	0.04	■	■	■	■	■
Low Value Services as Captured by the MedInsight Health Waste Calculator						
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	82%	■	■	■	■	■
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	6%	■	■	■	■	■
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery	49%	■	■	■	■	■
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present	9%	■	■	■	■	■
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms	11%	■	■	■	■	■
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease	16%	■	■	■	■	■
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology	86%	■	■	■	■	■
Inappropriate Preventable Hospital Stays						
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	1,196	■	■	■	■	■
INCREASING HIGH VALUE CARE						
Virginians Who Are Current with Appropriate Vaccination Schedules						
Childhood Immunization Status: DTaP	46%	■	■	■	■	■
Childhood Immunization Status: Influenza	51%	■	■	■	■	■
Childhood Immunization Status: Hepatitis A	75%	■	■	■	■	■
Childhood Immunization Status: Hepatitis B	30%	■	■	■	■	■
Childhood Immunization Status: HiB	61%	■	■	■	■	■
Childhood Immunization Status: IPV	56%	■	■	■	■	■
Childhood Immunization Status: MMR	76%	■	■	■	■	■
Childhood Immunization Status: Pneumococcal Conjugate	47%	■	■	■	■	■
Childhood Immunization Status: Rotavirus	49%	■	■	■	■	■
Childhood Immunization Status: VZV	76%	■	■	■	■	■
Immunizations for Adolescents: HPV Vaccine*	25%	■	■	■	■	■
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	55%	■	■	■	■	■
Immunizations for Adolescents: Tdap Vaccine	66%	■	■	■	■	■
Comprehensive Diabetes Care						
Hemoglobin A1c (HbA1c) Testing	85%	■	■	■	■	■
Medical Attention for Nephropathy**	87%	■	■	■	■	■
Clinically Appropriate Cancer Screening Rates						
Breast Cancer Screening***	73%	■	■	■	■	■
Cervical Cancer Screening	64%	■	■	■	■	■
Colorectal Cancer Screening	51%	■	■	■	■	■
Mental Health Care						
Follow-up after hospitalization for mental illness (7 days post-discharge)	49%	■	■	■	■	■
Follow-up after hospitalization for mental illness (30 days post-discharge)	74%	■	■	■	■	■

**EBM version 7 rates were used for 2018 benchmark*
***2019 rates could not be generated for this measure due to the current inavailability of Medicare Part D prescription claims for the corresponding period*
****Medicare FFS rates, which comprise the majority of the volume for this measure, were not available for 2018 due to the lookback period required by the methodology*

REDUCING LOW VALUE CARE	2019	2018	Comparisons: Regional Variation	Comparisons: Top Region	Trend
Utilization and Cost of Avoidable Emergency Room Visits					
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	12%	12%	Mod	N	
Potentially Avoidable ED Visits - Per 1,000 Member Months	3	3	–	N	
Potentially Avoidable ED Visits - Per Member Per Year	0.04	0.04	–	N	
Low Value Services as Captured by the MedInsight Health Waste Calculator					
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal.	82%	82%	Low	C	
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery.	6%	7%	High	SW	
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery.	49%	58%	Mod	SW	
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.	9%	11%	High	SW	
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	11%	15%	High	SW	
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.	16%	17%	Mod	N	
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.	86%	86%	Low	E	
Inappropriate Preventable Hospital Stays					
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 pop.)	1,196	1,181	High	N	

INCREASING HIGH VALUE CARE	2019	2018	Comparisons: Regional Variation	Comparisons: Top Region	Trend
Virginians Who Are Current with Appropriate Vaccination Schedules					
Childhood Immunization Status: DTaP	46%	50%	Mod	SW	
Childhood Immunization Status: Influenza	51%	55%	Mod	N	
Childhood Immunization Status: Hepatitis A	75%	81%	Low	N	
Childhood Immunization Status: Hepatitis B	30%	35%	High	SW	
Childhood Immunization Status: HiB	61%	66%	Low	SW	
Childhood Immunization Status: IPV	56%	60%	Mod	SW	
Childhood Immunization Status: MMR	76%	83%	Low	N	
Childhood Immunization Status: Pneumococcal Conjugate	47%	51%	Mod	SW	
Childhood Immunization Status: Rotavirus	49%	52%	Mod	SW	
Childhood Immunization Status: VZV	76%	83%	Low	N	
Immunizations for Adolescents: HPV Vaccine	25%	26%	Mod	N	
Immunizations for Adolescents: Meningococcal Conjugate or Mening. Polysaccharide Vaccine	55%	58%	Mod	N	
Immunizations for Adolescents: Tdap Vaccine	66%	70%	Low	SW	
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	85%	88%	Low	N	
Medical Attention for Nephropathy	87%	89%	Low	N	
Clinically Appropriate Cancer Screening Rates					
Breast Cancer Screening	73%	75%	Low	N	
Cervical Cancer Screening	64%	69%	Mod	N	
Colorectal Cancer Screening	51%	50%	Mod	N	
Mental Health Care					
Follow-up after hospitalization for mental illness (7 days post-discharge)	49%	–	Mod	N	–
Follow-up after hospitalization for mental illness (30 days post-discharge)	74%	–	Low	N	–

IMPROVING THE INFRASTRUCTURE FOR VALUE BASED CARE	2019	2018	Reg Var	Top Region	Trend
Claims in Virginia's All Payer Claims Database					
Percent of VA Total Covered Lives with Claims Included in the VA All Payer Claims Database	61%	57%	–	–	
Percent of VA Commercially Insured Lives with Claims included in the VA All Payer Claims Database	50%	40%	–	–	

*EBM version 7 rates were used for 2018 benchmark
**2019 rates could not be generated for this measure due to the current inavailability of Medicare Part D prescription claims for the corresponding period
***Medicare FFS rates, which comprise the majority of the volume for this measure, were not available for 2018 due to the lookback period required by the methodology
C = Central Virginia, E = Eastern Virginia, N = Northern Virginia, SW = Southwest Virginia, and Top Region = Top Peforming Region.

REDUCING LOW VALUE CARE	2019 Rate	2018 Rate	Trend
Utilization and Cost of Avoidable Emergency Room Visits			
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	11%	11%	
Potentially Avoidable ED Visits - Per 1,000 Member Months	3.0	2.75	
Potentially Avoidable ED Visits - Per Member Per Year	0.03	0.03	
Low Value Services as Captured by the MedInsight Health Waste Calculator			
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	83%	83%	
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	7%	7%	
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery	43%	59%	
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present	10%	13%	
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms	10%	12%	
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease	18%	18%	
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology	90%	89%	
Inappropriate Preventable Hospital Stays			
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	1,417	1,499	

INCREASING HIGH VALUE CARE	2019 Rate	2018 Rate	Trend
Virginians Who Are Current with Appropriate Vaccination Schedules			
Childhood Immunization Status: DTaP	49%	51%	
Childhood Immunization Status: Influenza	51%	54%	
Childhood Immunization Status: Hepatitis A	76%	77%	
Childhood Immunization Status: Hepatitis B	34%	36%	
Childhood Immunization Status: HiB	64%	65%	
Childhood Immunization Status: IPV	58%	60%	
Childhood Immunization Status: MMR	78%	82%	
Childhood Immunization Status: Pneumococcal Conjugate	51%	52%	
Childhood Immunization Status: Rotavirus	51%	53%	
Childhood Immunization Status: VZV	78%	82%	
Immunizations for Adolescents: HPV Vaccine*	25%	24%	
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	52%	51%	
Immunizations for Adolescents: Tdap Vaccine	68%	68%	
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	83%	85%	
Medical Attention for Nephropathy**	85%	86%	
Clinically Appropriate Cancer Screening Rates			
Breast Cancer Screening***	69%	70%	
Cervical Cancer Screening	61%	66%	
Colorectal Cancer Screening	46%	44%	
Mental Health Care			
Follow-up after hospitalization for mental illness (7 days post-discharge)	50%	–	–
Follow-up after hospitalization for mental illness (30 days post-discharge)	75%	–	–

*EBM version 7 rates were used for 2018 benchmark
** 2019 rates could not be generated for this measure due to the current inavailability of Medicare Part D prescription claims for the corresponding period
*** Medicare FFS rates, which comprise the majority of the volume for this measure, were not available for 2018 due to the lookback period required by the methodology

REDUCING LOW VALUE CARE	2019 Rate	2018 Rate	Trend
Utilization and Cost of Avoidable Emergency Room Visits			
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	10%	11%	
Potentially Avoidable ED Visits - Per 1,000 Member Months	2	1.9	
Potentially Avoidable ED Visits - Per Member Per Year	0.02	0.02	
Low Value Services as Captured by the MedInsight Health Waste Calculator			
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	10%	84%	
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	2	10%	
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery	0.02	56%	
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present	12%	13%	
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms	20%	25%	
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease	13%	14%	
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology	82%	82%	
Inappropriate Preventable Hospital Stays			
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	587	549	

INCREASING HIGH VALUE CARE	2019 Rate	2018 Rate	Trend
Virginians Who Are Current with Appropriate Vaccination Schedules			
Childhood Immunization Status: DTaP	48%	53%	
Childhood Immunization Status: Influenza	65%	66%	
Childhood Immunization Status: Hepatitis A	82%	88%	
Childhood Immunization Status: Hepatitis B	29%	29%	
Childhood Immunization Status: HiB	60%	65%	
Childhood Immunization Status: IPV	58%	60%	
Childhood Immunization Status: MMR	82%	88%	
Childhood Immunization Status: Pneumococcal Conjugate	50%	54%	
Childhood Immunization Status: Rotavirus	56%	54%	
Childhood Immunization Status: VZV	82%	88%	
Immunizations for Adolescents: HPV Vaccine*	33%	32%	
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	64%	65%	
Immunizations for Adolescents: Tdap Vaccine	65%	68%	
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	90%	92%	
Medical Attention for Nephropathy**	91%	92%	
Clinically Appropriate Cancer Screening Rates			
Breast Cancer Screening***	78%	79%	
Cervical Cancer Screening	77%	78%	
Colorectal Cancer Screening	57%	57%	
Mental Health Care			
Follow-up after hospitalization for mental illness (7 days post-discharge)	57%	–	–
Follow-up after hospitalization for mental illness (30 days post-discharge)	78%	–	–

*EBM version 7 rates were used for 2018 benchmark
** 2019 rates could not be generated for this measure due to the current inavailability of Medicare Part D prescription claims for the corresponding period
*** Medicare FFS rates, which comprise the majority of the volume for this measure, were not available for 2018 due to the lookback period required by the methodology

REDUCING LOW VALUE CARE	2019 Rate	2018 Rate	Trend
Utilization and Cost of Avoidable Emergency Room Visits			
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	12%	13%	
Potentially Avoidable ED Visits - Per 1,000 Member Months	4	3.5	
Potentially Avoidable ED Visits - Per Member Per Year	0.05	0.04	
Low Value Services as Captured by the MedInsight Health Waste Calculator			
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	83%	82%	
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	4%	5%	
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery	41%	52%	
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present	5%	7%	
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms	7%	8%	
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease	19%	20%	
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology	87%	88%	
Inappropriate Preventable Hospital Stays			
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	1,558	1,514	

INCREASING HIGH VALUE CARE	2019 Rate	2018 Rate	Trend
Virginians Who Are Current with Appropriate Vaccination Schedules			
Childhood Immunization Status: DTaP	52%	52%	
Childhood Immunization Status: Influenza	46%	44%	
Childhood Immunization Status: Hepatitis A	77%	80%	
Childhood Immunization Status: Hepatitis B	52%	55%	
Childhood Immunization Status: HiB	67%	69%	
Childhood Immunization Status: IPV	64%	65%	
Childhood Immunization Status: MMR	79%	84%	
Childhood Immunization Status: Pneumococcal Conjugate	55%	55%	
Childhood Immunization Status: Rotavirus	56%	56%	
Childhood Immunization Status: VZV	80%	84%	
Immunizations for Adolescents: HPV Vaccine*	23%	23%	
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	54%	55%	
Immunizations for Adolescents: Tdap Vaccine	73%	75%	
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	83%	85%	
Medical Attention for Nephropathy**	85%	86%	
Clinically Appropriate Cancer Screening Rates			
Breast Cancer Screening***	70%	71%	
Cervical Cancer Screening	56%	57%	
Colorectal Cancer Screening	44%	40%	
Mental Health Care			
Follow-up after hospitalization for mental illness (7 days post-discharge)	46%	–	–
Follow-up after hospitalization for mental illness (30 days post-discharge)	75%	–	–

*EBM version 7 rates were used for 2018 benchmark
** 2019 rates could not be generated for this measure due to the current inavailability of Medicare Part D prescription claims for the corresponding period
*** Medicare FFS rates, which comprise the majority of the volume for this measure, were not available for 2018 due to the lookback period required by the methodology

REDUCING LOW VALUE CARE	2019 Rate	2018 Rate	Trend
Utilization and Cost of Avoidable Emergency Room Visits			
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	13%	14%	
Potentially Avoidable ED Visits - Per 1,000 Member Months	4	4	
Potentially Avoidable ED Visits - Per Member Per Year	0.05	0.04	
Low Value Services as Captured by the MedInsight Health Waste Calculator			
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	80%	79%	
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	5%	5%	
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery	48%	47%	
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present	7%	8%	
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms	10%	12%	
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease	17%	17%	
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology	86%	84%	
Inappropriate Preventable Hospital Stays			
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	1,394	1,341	

INCREASING HIGH VALUE CARE	2019 Rate	2018 Rate	Trend
Virginians Who Are Current with Appropriate Vaccination Schedules			
Childhood Immunization Status: DTaP	42%	46%	
Childhood Immunization Status: Influenza	46%	52%	
Childhood Immunization Status: Hepatitis A	73%	76%	
Childhood Immunization Status: Hepatitis B	16%	22%	
Childhood Immunization Status: HiB	59%	64%	
Childhood Immunization Status: IPV	51%	55%	
Childhood Immunization Status: MMR	74%	79%	
Childhood Immunization Status: Pneumococcal Conjugate	44%	47%	
Childhood Immunization Status: Rotavirus	44%	48%	
Childhood Immunization Status: VZV	74%	80%	
Immunizations for Adolescents: HPV Vaccine*	20%	19%	
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	54%	58%	
Immunizations for Adolescents: Tdap Vaccine	65%	70%	
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	85%	87%	
Medical Attention for Nephropathy**	87%	89%	
Clinically Appropriate Cancer Screening Rates			
Breast Cancer Screening***	74%	74%	
Cervical Cancer Screening	62%	68%	
Colorectal Cancer Screening	51%	48%	
Mental Health Care			
Follow-up after hospitalization for mental illness (7 days post-discharge)	46%	–	–
Follow-up after hospitalization for mental illness (30 days post-discharge)	75%	–	–

*EBM version 7 rates were used for 2018 benchmark
** 2019 rates could not be generated for this measure due to the current inavailability of Medicare Part D prescription claims for the corresponding period
*** Medicare FFS rates, which comprise the majority of the volume for this measure, were not available for 2018 due to the lookback period required by the methodology

REDUCING LOW VALUE CARE	2019 Rate	2018 Rate	Trend
Utilization and Cost of Avoidable Emergency Room Visits			
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	14%	13%	
Potentially Avoidable ED Visits - Per 1,000 Member Months	4	3.8	
Potentially Avoidable ED Visits - Per Member Per Year	0.05	0.05	
Low Value Services as Captured by the MedInsight Health Waste Calculator			
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	82%	82%	
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	6%	7%	
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery	49%	73%	
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present	7%	11%	
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms	7%	11%	
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease	15%	17%	
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology	81%	82%	
Inappropriate Preventable Hospital Stays			
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	1,413	1,408	

INCREASING HIGH VALUE CARE	2019 Rate	2018 Rate	Trend
Virginians Who Are Current with Appropriate Vaccination Schedules			
Childhood Immunization Status: DTaP	37%	43%	
Childhood Immunization Status: Influenza	40%	50%	
Childhood Immunization Status: Hepatitis A	65%	74%	
Childhood Immunization Status: Hepatitis B	21%	28%	
Childhood Immunization Status: HiB	53%	66%	
Childhood Immunization Status: IPV	47%	58%	
Childhood Immunization Status: MMR	66%	77%	
Childhood Immunization Status: Pneumococcal Conjugate	37%	43%	
Childhood Immunization Status: Rotavirus	36%	45%	
Childhood Immunization Status: VZV	65%	76%	
Immunizations for Adolescents: HPV Vaccine*	21%	23%	
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	47%	57%	
Immunizations for Adolescents: Tdap Vaccine	60%	70%	
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	81%	84%	
Medical Attention for Nephropathy**	84%	86%	
Clinically Appropriate Cancer Screening Rates			
Breast Cancer Screening***	72%	75%	
Cervical Cancer Screening	51%	63%	
Colorectal Cancer Screening	52%	49%	
Mental Health Care			
Follow-up after hospitalization for mental illness (7 days post-discharge)	43%	–	–
Follow-up after hospitalization for mental illness (30 days post-discharge)	68%	–	–

*EBM version 7 rates were used for 2018 benchmark
** 2019 rates could not be generated for this measure due to the current inavailability of Medicare Part D prescription claims for the corresponding period
*** Medicare FFS rates, which comprise the majority of the volume for this measure, were not available for 2018 due to the lookback period required by the methodology

REDUCING LOW VALUE CARE	2019 Rate	Correlation to Area Deprivation Index
Utilization and Cost of Avoidable Emergency Room Visits		
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	12%	➕
Potentially Avoidable ED Visits - Per 1,000 Member Months	3	–
Potentially Avoidable ED Visits - Per Member Per Year	0.04	–
Low Value Services as Captured by the MedInsight Health Waste Calculator		
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal.	82%	➖
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery.	6%	➖
Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery.	49%	➖
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.	9%	➖
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	11%	➖
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.	16%	➕
Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.	86%	➕
Inappropriate Preventable Hospital Stays		
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	1,196	➕

INCREASING HIGH VALUE CARE	2019 Rate	Correlation to Area Deprivation Index
Virginians Who Are Current with Appropriate Vaccination Schedules		
Childhood Immunization Status: DTaP	46%	➕
Childhood Immunization Status: Influenza	51%	➖
Childhood Immunization Status: Hepatitis A	75%	➖
Childhood Immunization Status: Hepatitis B	30%	➕
Childhood Immunization Status: HiB	61%	➕
Childhood Immunization Status: IPV	56%	➕
Childhood Immunization Status: MMR	76%	➖
Childhood Immunization Status: Pneumococcal Conjugate	47%	➕
Childhood Immunization Status: Rotavirus	49%	➖
Childhood Immunization Status: VZV	76%	➖
Immunizations for Adolescents: HPV Vaccine*	25%	➖
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	55%	➖
Immunizations for Adolescents: Tdap Vaccine	66%	➕
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	85%	➖
Medical Attention for Nephropathy**	87%	➖
Clinically Appropriate Cancer Screening Rates		
Breast Cancer Screening***	73%	➖
Cervical Cancer Screening	64%	➖
Colorectal Cancer Screening	51%	➖

➖ = Low Negative, ➕ = Low Positive, ➖ = Moderate Negative, ➕ = Moderate Positive, ➖ = High Negative, and ➕ = High Positive.

The Area Deprivation Index (ADI) is based on a measure created by the Health Resources & Services Administration (HRSA) over two decades ago for primarily county-level use, but refined, adapted, and validated to the Census block group/neighborhood level by Amy Kind, MD, PhD and her research team at the University of Wisconsin-Madison. It allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest (e.g. at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups.

"Correlation to Area Deprivation Index" was calculated as follows–if rate increases as Deprivation Score increases (higher score indicates higher level of deprivation) then positive, if rate decreases as Deprivation Score increases then negative. If the absolute value of the correlation coefficient is less than .3 then Low, if greater than .3 but less than .5 then Moderate, if greater than .5 then High.