Report Notes

Data Source:

The subsequent report includes paid claims data from the *Virginia All Payer Claims Database (APCD)*, which is administered by Virginia Health Information (VHI) under the authority of the Virginia Department of Health. The Virginia APCD contains data on roughly 4 - 4.5 million insured Virginia residents per year, including nearly all claims paid by Medicaid FFS, Medicare FFS and Medicaid Managed Care plans as well as 40% of claims for the commercially-insured. Some data excluded from the database include Federal Employee Health Plan (FEHP) and TRICARE enrollee claims, the vast majority of Medicare Advantage claims, data on dual eligibles, and the uninsured.

General Specifications:

Timeframe-

Dates of service in 2018 (Dates of service in 2017 used for benchmarking)

Centers Included within the Report-

Bland County Medical Center
Blue Ridge Community Health Services
Capitol Area Health Network
Central Virginia Health Services
Clinch River Health Services
Community Access Network
Community Health Center of the New River Valley
Daily Planet Health Services
Eastern Shore Rural Health System
Greater Prince William Community Health
Hampton Roads Community Health Center
Harrisonburg Community Health Center
HealthWorks for Northern Virginia
Highland Medical Center
Horizon Health Services
Johnson Health Center
Martinsville-Henry County Coalition for Health and Wellness
Monroe Health Center
Neighborhood Health
New Horizons Healthcare
Olde Towne Medical Center
Piedmont Access to Health Services
Rockbridge Area Health Center
Southeastern Virginia Health System
Southern Dominion Health System
Southwest Virginia Community Health
Stone Mountain Health Services

Stone Mountain Health Services
Stony Creek Community Health Center
Tri-Area Community Health Center
Winchester Family Health Center

Each center individually reported their practitioner NPIs to VHI to develop this report.

Attribution Methodology-

Patients are attributed to primary care practitioners within the Virginia APCD based on the practitioner with whom a patient has visited the most within the 24 months preceding a service (or the highest number of visits overall if 24 months of data are not available).

Key Definitions-

Average Normalized Risk Score: Defined using the Milliman MARA methodology. MARA assigns a risk score to each individual within the APCD claims data based on their likelihood of utilization across several key categories (ER, Inpatient, etc.) and at an overall person level. The risk score shown within this report is the average individual risk score assigned to FQHC practitioners based on their attributed population. All rates have been normalized to be relative to a state average of 1. The higher the risk score, the greater the likelihood that attributed patients will incur significant healthcare utilization.

Average Risk Adjusted RVUs PMPM: Relative Value Units (RVUs) are assigned to all APCD claims based on the Milliman Global RVU methodology. RVUs are a measure of healthcare resource use and can be used to quantify the amount and type of utilization for a particular population. For this measure, RVUs across all attributed NPIs were divided by the total number of member months attributed across all NPIs.

Variance from Statewide Average Risk Adjusted RVUs PMPM: The ratio between the average risk adjusted RVUs PMPM for patients attributed to FQHC practitioners compared to the statewide risk adjusted average. A lower rate of resource use compared to the state average indicates better control of downstream utilization for patients.

Report Caveats:

- All measures are subject to the quality of the claims data submitted to the Virginia APCD by health plans in Virginia.
- Overall benchmarks may not contain the same weight for each insurance type as the overall FQHC rate.
- Per CMS guidelines, all measures representing a volume of less than 11 services have been suppressed to avoid privacy concerns. These figures are indicated by the "*" symbol.
- All "Increase High Value Care" measures exclude DMAS and CMS and only include individuals with primary insurance and pharmacy

2018 FQHC Dashboard Report

Average Normalized Risk Score
0.54

Average Risk Adjusted RVUs PMPM
22.50

Variance from Statewide Average Risk Adjusted RVUs PMPM
38% less resource use than expected

	2018 FQHC Rates			Benchmarks		Absolute Difference from Benchmark		Notes
	Numerator	Denominator	Rate	2017 Rate	Statewide	2017-2018 Trend	Variance from Statewide	
Reduce Low Value Care						G = Over 5% Positive Variance O = Over 5% Negative Variance	G = Outperforms Benchmark O = Underperforms Benchmark	
Potentially Avoidable Hospital Stays	**1,180**	**86,260**	**1%**	**1%**	**1%**	**0%**	**0%**	
COMMERCIAL	136	27,746	0%	0%	1%	0%	0%	
MEDICAID	235	37,744	1%	1%	1%	0%	0%	
MEDICARE	809	20,770	4%	4%	4%	0%	0%	
Potentially Avoidable ED Visits	**6,117**	**42,840**	**14%**	**16%**	**13%**	**-2%**	**2%**	
COMMERCIAL	915	7,233	13%	13%	10%	0%	3%	
MEDICAID	4,427	29,356	15%	17%	16%	-2%	-1%	
MEDICARE	775	6,251	12%	12%	10%	1%	2%	
Plan All-Cause Readmissions (Total)	**617**	**3,809**	**16%**	**14%**	**16%**	**3%**	**0%**	
COMMERCIAL	28	446	6%	6%	6%	0%	0%	
MEDICAID	57	511	11%	13%	11%	-2%	0%	
MEDICARE	532	2,852	19%	16%	19%	2%	0%	
Low Value Services as Defined by the Health Waste Calculator								
Cardiac Stress Testing	**87**	**1,411**	**6%**	**5%**	**9%**	**1%**	**-3%**	
COMMERCIAL	36	567	6%	5%	9%	1%	-3%	
MEDICAID	12	353	3%	3%	5%	1%	-1%	
MEDICARE	39	491	8%	10%	9%	-2%	-1%	
Annual Resting EKGs	**2,267**	**30,894**	**7%**	**6%**	**9%**	**1%**	**-2%**	
COMMERCIAL	1,630	13,569	12%	9%	21%	3%	-9%	
MEDICAID	407	7,308	6%	4%	7%	2%	-2%	
MEDICARE	230	10,017	2%	2%	3%	0%	0%	
Imaging Tests for Eye Disease	**1,327**	**7,257**	**18%**	**18%**	**16%**	**0%**	**2%**	
COMMERCIAL	502	2,242	22%	19%	19%	3%	3%	
MEDICAID	271	1,888	14%	21%	21%	-6%	-7%	
MEDICARE	554	3,127	18%	15%	15%	3%	3%	
Preoperative Baseline Laboratory Studies	**3,382**	**4,030**	**84%**	**82%**	**80%**	**1%**	**4%**	
COMMERCIAL	1,528	1,780	86%	83%	83%	3%	3%	
MEDICAID	867	1,014	86%	84%	85%	2%	1%	
MEDICARE	987	1,236	80%	81%	78%	-1%	2%	
Preoperative EKG, Chest X-Ray, and PFT	**229**	**4,097**	**6%**	**6%**	**6%**	**-1%**	**0%**	
COMMERCIAL	110	1,251	9%	9%	12%	-1%	-3%	
MEDICAID	55	1,087	5%	5%	5%	0%	0%	
MEDICARE	64	1,759	4%	3%	4%	0%	0%	
PICC Stage III CKD	**91**	**99**	**92%**	**84%**	**86%**	**8%**	**6%**	
COMMERCIAL	12	15	80%	79%	81%	1%	-1%	
MEDICAID	27	30	90%	75%	83%	15%	7%	
MEDICARE	52	54	96%	93%	87%	3%	10%	
Increase High Value Care								
Breast Cancer Screening	**1,900**	**2,599**	**73%**	**71%**	**75%**	**2%**	**-2%**	
COMMERCIAL	1,668	2,240	74%	74%	75%	0%	0%	
MEDICAID	27	44	61%	56%	51%	6%	10%	
MEDICARE	205	315	65%	63%	81%	3%	-16%	
Cervical Cancer Screening	**2,338**	**4,216**	**55%**	**58%**	**67%**	**-3%**	**-12%**	
COMMERCIAL	1,954	3,017	65%	62%	72%	2%	-8%	
MEDICAID	384	1,199	32%	49%	30%	-17%	2%	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	**2,901**	**3,417**	**85%**	**87%**	**87%**	**-2%**	**-3%**	
COMMERCIAL	2,119	2,330	91%	91%	90%	0%	1%	
MEDICAID	292	572	51%	68%	59%	-17%	-8%	
MEDICARE	490	515	95%	81%	94%	14%	1%	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	**2,869**	**3,417**	**84%**	**88%**	**88%**	**-4%**	**-5%**	
COMMERCIAL	2,075	2,330	89%	89%	90%	0%	-1%	
MEDICAID	349	572	61%	81%	71%	-20%	-10%	
MEDICARE	445	515	86%	86%	94%	0%	-8%	

Childhood Immunization Status: DTaP	**163**	**430**	**38%**	**42%**	**50%**	**-4%**	**-12%**
COMMERCIAL	29	67	43%	47%	55%	-4%	-12%
MEDICAID	134	363	37%	41%	46%	-4%	-9%
Childhood Immunization Status: Influenza	**205**	**430**	**48%**	**47%**	**54%**	**1%**	**-6%**
COMMERCIAL	38	67	57%	59%	63%	-2%	-6%
MEDICAID	167	363	46%	43%	46%	3%	0%
Childhood Immunization Status: Hepatitis A	**344**	**430**	**80%**	**85%**	**80%**	**-5%**	**0%**
COMMERCIAL	55	67	82%	82%	83%	0%	-1%
MEDICAID	289	363	80%	86%	78%	-6%	2%
Childhood Immunization Status: Hepatitis B	**123**	**430**	**29%**	**28%**	**32%**	**1%**	**-4%**
COMMERCIAL	26	67	39%	30%	29%	9%	10%
MEDICAID	97	363	27%	27%	35%	0%	-9%
Childhood Immunization Status: HiB	**267**	**430**	**62%**	**66%**	**66%**	**-4%**	**-3%**
COMMERCIAL	37	67	55%	53%	65%	2%	-10%
MEDICAID	230	363	63%	69%	66%	-5%	-3%
Childhood Immunization Status: IPV	**207**	**430**	**48%**	**50%**	**60%**	**-1%**	**-12%**
COMMERCIAL	32	67	48%	52%	62%	-4%	-14%
MEDICAID	175	363	48%	49%	58%	-1%	-10%
Childhood Immunization Status: MMR	**336**	**430**	**78%**	**78%**	**83%**	**0%**	**-5%**
COMMERCIAL	54	67	81%	83%	85%	-3%	-4%
MEDICAID	282	363	78%	77%	81%	1%	-4%
Childhood Immunization Status: Pneumococcal Conjugate	**162**	**430**	**38%**	**43%**	**51%**	**-5%**	**-13%**
COMMERCIAL	27	67	40%	48%	56%	-8%	-16%
MEDICAID	135	363	37%	41%	47%	-4%	-9%
Childhood Immunization Status: Rotavirus	**159**	**430**	**37%**	**37%**	**52%**	**0%**	**-15%**
COMMERCIAL	26	67	39%	44%	57%	-5%	-18%
MEDICAID	133	363	37%	35%	48%	2%	-11%
Childhood Immunization Status: VZV	**342**	**430**	**80%**	**77%**	**83%**	**3%**	**-3%**
COMMERCIAL	55	67	82%	79%	84%	3%	-2%
MEDICAID	287	363	79%	77%	82%	2%	-3%
Colorectal Cancer Screening	**2,514**	**5,548**	**45%**	**43%**	**49%**	**3%**	**-4%**
COMMERCIAL	2,214	4,697	47%	46%	49%	1%	-1%
MEDICARE	300	851	35%	24%	54%	11%	-18%
Follow-Up After Hospitalization for Mental Illness (30 Days Post-Discharge)	**95**	**123**	**77%**	**86%**	**76%**	**-9%**	**1%**
COMMERCIAL	38	47	81%	84%	81%	-3%	0%
MEDICAID	42	56	75%	86%	70%	-11%	5%
MEDICARE	15	20	75%	100%	75%	-25%	0%
Follow-Up After Hospitalization for Mental Illness (7 Days Post-Discharge)	**49**	**123**	**40%**	**43%**	**50%**	**-3%**	**-10%**
COMMERCIAL	*	*	45%	45%	58%	0%	-14%
MEDICAID	*	*	36%	42%	39%	-6%	-4%
MEDICARE	*	*	40%	Not Available	45%	Not Available	-5%
Immunizations for Adolescents: HPV Vaccine	**138**	**512**	**27%**	**24%**	**26%**	**2%**	**1%**
COMMERCIAL	22	126	17%	14%	24%	4%	-7%
MEDICAID	116	386	30%	29%	27%	1%	3%
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	**243**	**512**	**47%**	**42%**	**58%**	**5%**	**-11%**
COMMERCIAL	62	126	49%	42%	60%	8%	-11%
MEDICAID	181	386	47%	43%	56%	4%	-9%
Immunizations for Adolescents: Tdap Vaccine	**368**	**512**	**72%**	**65%**	**70%**	**6%**	**1%**
COMMERCIAL	91	126	72%	57%	67%	15%	5%
MEDICAID	277	386	72%	69%	75%	3%	-3%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile (Total)	**932**	**5,141**	**18%**	**20%**	**19%**	**-2%**	**-1%**
COMMERCIAL	222	1,716	13%	13%	18%	0%	-5%
MEDICAID	710	3,425	21%	24%	22%	-3%	-1%

Figures are suppressed due to insufficient volume within at least one line of business.

Figures are suppressed due to insufficient volume within at least one line of business.

Figures are suppressed due to insufficient volume within at least one line of business.

Measure	Numerator	Denominator	Source Methodology Applied by:
Potentially Avoidable Hospital Stays	Discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following PQIs: □ PQI #1 Diabetes Short-Term Complications Admission Rate □ PQI #3 Diabetes Long-Term Complications Admission Rate □ PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate □ PQI #7 Hypertension Admission Rate □ PQI #8 Heart Failure Admission Rate □ PQI #10 Dehydration Admission Rate □ PQI #11 Bacterial Pneumonia Admission Rate □ PQI #12 Urinary Tract Infection Admission Rate □ PQI #14 Uncontrolled Diabetes Admission Rate □ PQI #15 Asthma in Younger Adults Admission Rate □ PQI #16 Lower-Extremity Amputation among Patients with Diabetes Rate	Individuals 18 years of age or older as of the end of the measurement year	MedInsight Evidence Based Measure Software
Potentially Avoidable ED Visits	Potentially avoidable ED visits as defined by California Department of Health Methodology	Total ED visits	VHI Custom Analysis
Plan All-Cause Readmissions (Total)	Individuals 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	Total acute inpatient stays for individuals 18 years and older	MedInsight Evidence Based Measure Software
Breast Cancer Screening	Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period	Women 52-74 years of age as of the end of the measurement period	MedInsight Evidence Based Measure Software
Cervical Cancer Screening	Women 21–64 years of age who were screened for cervical cancer using either of the following criteria: □ Women age 21–64 who had cervical cytology performed every 3 years □ Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years	Women 24-64 years of age as of the end of the measurement year	MedInsight Evidence Based Measure Software
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	Individuals from denominator with an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.	Individuals who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years): □ At least two outpatient visits, observation visits, ED visits, or non-acute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. □ At least one acute inpatient encounter with a diagnosis of diabetes. □ Individuals who were dispensed insulin or hypoglycemics / antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.	MedInsight Evidence Based Measure Software

Comprehensive Diabetes Care: Medical Attention for Nephropathy	Individuals from denominator with a nephropathy screening test or evidence of nephropathy, as documented through administrative data. This includes diabetics who had one of the following during the measurement year:A nephropathy screening or monitoring test; □ Evidence of treatment for nephropathy or ACE/ARB therapy; □ Evidence of stage 4 chronic kidney disease; □ Evidence of ESRD; □ Evidence of kidney transplant; □ A visit with a nephrologist, as identified by the organization's specialty provider codes (no restriction on the diagnosis or procedure code submitted); □ At least one ACE inhibitor or ARB dispensing event.	Individuals who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years): □ At least two outpatient visits, observation visits, ED visits, or non-acute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. □ At least one acute inpatient encounter with a diagnosis of diabetes. □ Individuals who were dispensed insulin or hypoglycemics / antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.	MedInsight Evidence Based Measure Software
Childhood Immunization Status: DTaP	At least four DTaP vaccinations, with different dates of service on or before the child's second birthday, excluding any vaccination administered prior to 42 days after birth.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: Influenza	At least two influenza vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 6 months (180 days) after birth.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: Hepatitis A	Either of the following on or before the child's second birthday meet criteria: □ At least one hepatitis A vaccination with a date of service on or before the child's second birthday. □ History of hepatitis A illness.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: Hepatitis B	Any of the following on or before the child's second birthday meet criteria: □ At least three hepatitis B vaccinations, with different dates of service. □ One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth. For example, if the member's date of birth is December 1, the newborn hepatitis B vaccination must be on or between December 1 and December 8. □ History of hepatitis illness.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: HiB	At least three HiB vaccinations, with different dates of service on or before the child's second birthday, excluding any vaccination administered prior to 42 days after birth.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: IPV	At least three IPV vaccinations, with different dates of service on or before the child's second birthday, excluding any vaccination administered prior to 42 days after birth.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: MMR	Any of the following on or before the child's second birthday meet criteria: □ At least one MMR vaccination □ At least one measles and rubella vaccination and at least one mumps vaccination or history of the illness on the same date of service or on different dates of service. □ At least one measles vaccination or history of the illness and at least one mumps vaccination or history of the illness and at least one rubella vaccination or history of the illness on the same date of service or on different dates of service.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: Pneumococcal Conjugate	At least four pneumococcal conjugate vaccinations, with different dates of service on or before the child's second birthday, excluding any vaccination administered prior to 42 days after birth.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software

Childhood Immunization Status: Rotavirus	Any of the following on or before the child's second birthday meet criteria, excluding any vaccination administered prior to 42 days after birth. At least two doses of the two-dose rotavirus on different dates of service. At least three doses of the three-dose rotavirus vaccine on different dates of service. At least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine, all on different dates of service.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Childhood Immunization Status: VZV	Either of the following on or before the child's second birthday meet criteria: At least one VZV vaccination, with a date of service on or before the child's second birthday. History of varicella zoster (e.g., chicken pox) illness.	Children who turn 2 years of age during the measurement year	MedInsight Evidence Based Measure Software
Colorectal Cancer Screening	Individuals with one or more screenings for colorectal cancer. Any of the following meet criteria: Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year Colonoscopy during the measurement year or the nine years prior to the measurement year	Individuals 50-75 years of age as of the end of the measurement year	MedInsight Evidence Based Measure Software
Follow-Up After Hospitalization for Mental Illness (30 Days Post-Discharge)	A follow-up visit with a mental health practitioner within 30 days after discharge. Do not include visits that occur on the date of discharge.	Individuals at least 6 years of age on the date of an acute inpatient discharge with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a principal mental health diagnosis within the 30-day follow-up period, count only the last discharge. Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year. Exclude: Discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission. Discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow-up period if the principal diagnosis was for nonmental health.	MedInsight Evidence Based Measure Software

Follow-Up After Hospitalization for Mental Illness (7 Days Post-Discharge)	A follow-up visit with a mental health practitioner within 7 days after discharge. Do not include visits that occur on the date of discharge.	Individuals at least 6 years of age on the date of an acute inpatient discharge with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a principal mental health diagnosis within the 30-day follow-up period, count only the last discharge. Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year. Exclude: □ Discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission. □ Discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow-up period if the principal diagnosis was for nonmental health. (These discharges are excluded from the measure because	MedInsight Evidence Based Measure Software
Immunizations for Adolescents: HPV Vaccine	At least two HPV vaccines, with different dates of service on or between the member's 9th and 13th birthdays. □ There must be at least 146 days between the first and second dose of the HPV vaccine. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25. *Or* At least three HPV vaccines, with different dates of service on or between the member's 9th and 13th birthdays.	Adolescents who turn 13 years of age during the measurement year.	MedInsight Evidence Based Measure Software
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	At least one meningococcal conjugate vaccine, with a date of service on or between the members' 11th and 13th birthdays.	Adolescents who turn 13 years of age during the measurement year.	MedInsight Evidence Based Measure Software
Immunizations for Adolescents: Tdap Vaccine	At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, with a date of service on or between the members' 10th and 13th birthdays.	Adolescents who turn 13 years of age during the measurement year.	MedInsight Evidence Based Measure Software
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile (Total)	BMI percentile during the measurement year.	Individuals 3–17 years as of December 31 of the measurement year with an outpatient visit with either a PCP or an OB/GYN during the measurement year.	MedInsight Evidence Based Measure Software

Measure*	Full Measure Name	Measure Source	Source Methodology Applied by:
Annual Resting EKGs	Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	http://www.choosingwisely.org/clinician-lists/american-academy-family-physicians-annual-electrocardiograms/	Milliman Health Waste Calculator

Cardiac Stress Testing	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.	http://www.choosingwisely.org/clinician-lists/american-college-cardiology-stress-cardiac-testing-or-advanced-non-invasive-imaging-in-routine-evaluations/ http://www.choosingwisely.org/clinician-lists/american-college-cardiology-annual-stress-cardiac-imaging/ http://www.choosingwisely.org/clinician-lists/american-society-of-echocardiography-stress-echocardiograms-on-asymptomatic-low-risk-patients/ http://www.choosingwisely.org/clinician-lists/american-society-nuclear-cardiology-radionuclide-imaging-as-part-of-routine-follow-up/http://www.choosingwisely.org/clinician-lists/american-society-nuclear-cardiology-cardiac-imaging-for-low-risk-patients/ http://www.choosingwisely.org/clinician-lists/american-college-physicians-exercise-electrocardiogram-testing-in-asymptomatic-low-risk-patients/ http://www.choosingwisely.org/clinician-lists/society-cardiovascular-magnetic-resonance-stress-cmr-in-initial-eval-of-chest-pain/ http://www.choosingwisely.org/clinician-lists/society-cardiovascular-magnetic-resonance-stress-cmr-in-initial-eval-of-chest-pain/ http://www.choosingwisely.org/clinician-lists/society-nuclear-medicine-molecular-imaging-routine-annual-stress-testing-after-coronary-artery-revascularization/	Milliman Health Waste Calculator
Imaging Tests for Eye Disease	Don’t routinely order imaging tests for patients without symptoms or signs of significant eye disease.	http://www.choosingwisely.org/clinician-lists/american-academy-ophthalmology-routine-imaging-for-patients-without-symptoms-or-signs-of-eye-disease/ http://www.choosingwisely.org/clinician-lists/american-association-pediatric-ophthalmology-strabismus-annual-eye-exams/	Milliman Health Waste Calculator
PICC Stage III CKD	Don’t place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.	http://www.choosingwisely.org/clinician-lists/american-society-nephrology-peripherally-inserted-central-catheters-in-stage-iii-iv-ckd-patients%20/	Milliman Health Waste Calculator
Preoperative Baseline Laboratory Studies	Don’t obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	http://www.choosingwisely.org/clinician-lists/american-society-anesthesiologists-baseline-laboratory-studies-for-low-risk-surgery/	Milliman Health Waste Calculator
Preoperative EKG, Chest X-Ray, and PFT	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	http://www.choosingwisely.org/clinician-lists/american-college-radiology-admission-preop-chest-x-rays/ http://www.choosingwisely.org/wp-content/uploads/2015/02/ASA-Choosing-Wisely-List.pdf	Milliman Health Waste Calculator

*Full calculation details for Milliman Health Waste Calculator Measures can be provided upon request