








Appendix G – National Quality Dashboards

PATIENT SAFETY


Dashboard 1-1: Healthcare–Associated Infections^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
1 – Methicillin-Resistant Staphylococcus aureus (MRSA) (NQF #1716)^e (↓ = Favorable)						
Hospital: IQR, VBP, HACRP	 2.2% ^b	3,753 Hospitals	9,179 Expected # of infections	0.92 ^c 2013	0.96 ^c 2015	0.00 ^d
2 – Central Line–Associated Bloodstream Infection (CLABSI) (NQF #0139)^e (↓ = Favorable)						
Hospital: IQR, VBP, HACRP (ICU only)	 3.5% ^b	2,003 Hospitals	19,872 Expected # of Infections	0.50 ^c 2013	0.54 ^c 2015	0.03 ^d
3 – Specific Surgical Site Infection (SSI) (NQF #0753)^e (↓ = Favorable)						
Hospital: IQR, VBP, HACRP SSI: Colon Surgery	 4.4% ^b	3,431 Hospitals	9,435 Expected # of infections	0.94 ^c 2013	1.03 ^c 2015	0.00 ^d
Hospital: IQR, VBP, HACRP SSI: Abdominal Hysterectomy	 -1.3% ^b	3,424 Hospitals	2,850 Expected # of infections	0.91 ^c 2013	0.88 ^c 2015	0.00 ^d
4 – Clostridium difficile Infection (CDI) (NQF #1717)^e (↓ = Favorable)						
Hospital: IQR, VBP, HACRP	 0.9% ^b	3,810 Hospitals	107,475 Expected # of infections	0.91 ^c 2013	0.93 ^c 2015	0.29 ^d
5 – Catheter-Associated Urinary Tract Infection (CAUTI) (NQF #0138)^e (↓ = Favorable)						
Hospital: IQR, VBP, HACRP (ICU only)	 -26.3% ^b	2,266 Hospitals	20,860 Expected # of infections	1.20 ^c 2013	0.65 ^c 2015	0.12 ^d
6 – Percent of Residents with a Urinary Tract Infection (UTI) (Long-Stay) (NQF #0684)^e (↓ = Favorable)						
Nursing Home Quality Initiative (NHQI)	 -10.8% ^b	46,719 Nursing homes	14,947,592 Population	7.6% ^c 2011	4.9% ^c 2015	1.1% ^d

^a Additional information on how to read the dashboard is in *Guide to the National Quality Dashboards and Graphs* (Appendix F).

^b Progress was measured using the average annual percentage change (AAPC), which was calculated using a linear trend model fit to the data series. The baseline and most recent year results are shown in the dashboard for informational purposes and cannot be used to replicate the trend model results.

 Indicates an annual percentage change > 1% per year in a favorable direction.

 Indicates an average annual percentage change <= 1% per year.





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^d The achievable result is the average performance rate across the highest-performing providers covering 10% of the eligible population, derived using the Achievable Benchmarks of Care (ABC™) methodology. Results may differ from benchmarks used by various CMS programs and do not reflect CMS-endorsed goals.

^e Lower rates indicate better performance.


Dashboard 1-2: Preventable Harm^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
7 – Complications Following Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) (NQF #1550)^e (↓ = Favorable)						
Hospital: IQR, VBP	 -4.1% ^b	3,483 Hospitals	906,663 Population	3.4% ^c 2012	3.0% ^c 2015	1.4% ^d
8 – Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened^e (↓ = Favorable)						
NHQI (Short-Stay) (NQF #0678)	 -12.8% ^b	47,256 Nursing homes	18,578,724 Population	1.9% ^c 2011	1.1% ^c 2015	0.1% ^d
NHQI (Long-Stay) (NQF #0679)	 -4.3% ^b	46,527 Nursing homes	10,844,827 Population	7.8% ^c 2011	6.6% ^c 2015	1.8% ^d
9 – Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (NQF #0674)^e (↓ = Favorable)						
NHQI	 0.2% ^b	46,911 Nursing homes	15,200,513 Population	3.2% ^c 2011	3.3% ^c 2015	0.3% ^d

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PERSON AND FAMILY ENGAGEMENT


Dashboard 2-1: Shared Decision-Making^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Respondents/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
1 – Shared Decision-Making (Not Endorsed) (↑ = Favorable)						
PQRS, Physician VM CAHPS for PQRS	 0.3% ^b	460 Group practices	107,217 Sample	74.6% ^c 2013	75.0% ^c 2015	79.2% ^d
Medicare Shared Savings Program CAHPS for ACOs	 0.4% ^b	394 ACOs	104,782 Sample	73.8% ^c 2012	74.8% ^c 2015	77.5% ^d

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Dashboard 2-2: Overall Rating of Experience of Care^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Respondents/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
Linear Mean – Reported as the average rating by respondents on a 0 to 100 scale						
2a – Rating of Health Care Quality (NQF #0006) (↑ = Favorable)						
FFS Medicare FFS CAHPS	 0.0% ^b	Not applicable	89,812 Sample	85.6% ^c 2007	84.6% ^c 2015	Not determined [†]
Part C Star Ratings MA/MA-PD CAHPS	 0.2% ^b	466 Contracts ^e	155,634 Sample	86.2% ^c 2007	85.7% ^c 2015	90.7% ^d
2b – Rating of Provider (NQF #0005) (↑ = Favorable)						
PQRS, VM CAHPS for PQRS	 -0.3% ^b	460 Group practices	108,955 Sample	92.0% ^c 2013	91.5% ^c 2015	94.5% ^d
Medicare Shared Savings Program CAHPS for ACOs	 0.0% ^b	394 ACOs	110,804 Sample	91.5% ^c 2012	91.7% ^c 2015	94.1% ^d
2c – Rating of Drug Plan (Not Endorsed) (↑ = Favorable)						
Part D Star Ratings PDP CAHPS	 0.5% ^b	65 Contracts ^e	33,989 Sample	80.1% ^c 2007	82.9% ^c 2015	83.5% ^d
Part D Star Ratings MA-PD CAHPS	 0.3% ^b	457 Contracts ^e	141,086 Sample	82.9% ^c 2007	84.7% ^c 2015	88.3% ^d
Top Box – Reported as percentage of respondents choosing a 9 or 10 out of 10						
2d – Rating of Hospital (NQF #0166) (↑ = Favorable)						
Hospital: IQR, VBP HCAHPS	 1.7% ^b	4,240 Hospitals	3,083,086 Sample	64.0% ^c 2008	72.3% ^c 2015	79.0% ^d
2e – Rating of Care (NQF #0517) (↑ = Favorable)						
Home Health QRP HHCAPHS	 0.1% ^b	8,828 Agencies	1,125,200 Sample	84.6% ^c 2012	84.7% ^c 2015	93.1% ^d

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^d The achievable result is the average performance rate across the highest-performing providers covering 10% of the eligible population, derived using the Achievable Benchmarks of Care (ABCTM) methodology. Results may differ from benchmarks used by various CMS programs and do not reflect CMS-endorsed goals. [†] Data were not collected at a provider or plan level; therefore, achievable result could not be calculated.

^e Medicare Part C and D Star Ratings data are collected and reported at the contract level. A contract may include one or more plan benefit packages.


Dashboard 2-3: Timeliness of Care^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Respondents/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
3 – Getting Appointments and Care Quickly (NQF #0006) (↑ = Favorable)						
FFS Medicare FFS CAHPS	 0.3% ^b	Not applicable	84,800 Sample	74.3% ^c 2012	74.9% ^c 2015	Not determined [†]
Part C Star Ratings MA/MA-PD CAHPS	 -0.1% ^b	466 Contracts ^e	139,673 Sample	76.1% ^c 2012	75.7% ^c 2015	83.0% ^d

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[†] Data were not collected at a provider or plan level, therefore; achievable result could not be calculated.

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Dashboard 2-4: Medication Adherence^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
4a – Proportion of Days Covered (PDC) Statins (Cholesterol) (NQF #0541) (↑ = Favorable)						
Part D Star Ratings PDP	 2.8% ^b	58 Contracts ^e	9,666,258 Population	71.4% ^c 2011	79.7% ^c 2015	77.2% ^d
Part D Star Ratings MA-PD	 2.8% ^b	408 Contracts ^e	6,176,411 Population	69.2% ^c 2011	77.0% ^c 2015	81.6% ^d
4b – Proportion of Days Covered (PDC) RAS Antagonists (Hypertension) (NQF #0541) (↑ = Favorable)						
Part D Star Ratings PDP	 1.9% ^b	58 Contracts ^e	9,288,659 Population	77.0% ^c 2011	83.0% ^c 2015	81.4% ^d
Part D Star Ratings MA-PD	 2.2% ^b	406 Contracts ^e	6,092,168 Population	74.0% ^c 2011	80.8% ^c 2015	84.5% ^d
4c – Proportion of Days Covered (PDC) Diabetes Medications (NQF #0541) (↑ = Favorable)						
Part D Star Ratings PDP	 1.6% ^b	56 Contracts ^e	2,831,010 Population	76.1% ^c 2011	80.9% ^c 2015	81.4% ^d
Part D Star Ratings MA-PD	 1.6% ^b	394 Contracts ^e	1,996,901 Population	73.9% ^c 2011	78.8% ^c 2015	84.3% ^d

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CARE COORDINATION


Dashboard 3-1: Unplanned Hospital Readmissions^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
1a – Hospital-Wide Readmissions (HWR) (#1789)^e (↓ = Favorable)^e						
Hospital: IQR	 -1.0% ^b	4,746 Hospitals	6,910,341 Population	16.0% ^c 2012	15.6% ^c 2015	11.1% ^d
1b – Plan All-Cause Readmissions (PCR) (#1768)^e (↓ = Favorable)^e						
Part C Star Ratings	 -2.6% ^b	359 Contracts ^f	1,846,570 Population	13.8% ^c 2011	12.5% ^c 2015	10.4% ^d

^a Additional information on how to read the dashboard is in *Guide to the National Quality Dashboards and Graphs* (Appendix F).

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Dashboard 3-2: Patient Experience with Care Coordination^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Respondents/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
2 – 3-Item Care Transition Measure (CTM-3) (NQF #0228) (↑ = Favorable)						
Hospital: IQR, VBP HCAHPS	 1.1% ^b	4,239 Hospitals	3,031,740 Sample	51.3% ^c 2013	52.5% ^c 2015	63.6% ^d
3 – Care Coordination Composite (Not Endorsed) (↑ = Favorable)						
FFS Medicare FFS CAHPS	 -0.2% ^b	Not determined	77,383 Sample	85.6% ^c 2012	85.0% ^c 2015	Not determined [†]
Part C Star Ratings MA/MA-PD CAHPS	 0.0% ^b	466 Contracts ^e	132,019 Sample	85.2% ^c 2012	85.0% ^c 2015	89.6% ^d

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EFFECTIVE TREATMENT

Dashboard 4-1: Mortality^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
1 – 30-Day Mortality Following HF Hospitalization (NQF #0229)^e (↓ = Favorable)						
Hospital: IQR, VBP	 0.9% ^b	4,640 Hospitals	976,803 Population	11.1% ^c 2008	11.9% ^c 2015	6.6% ^d
2 – 30-Day Mortality Following AMI Hospitalization (NQF #0230)^e (↓ = Favorable)						
Hospital: IQR, VBP	 -2.1% ^b	4,365 Hospitals	494,752 Population	16.6% ^c 2008	14.3% ^c 2015	9.8% ^d
3 – 30-Day Mortality Following COPD Hospitalization (NQF #1893)^e (↓ = Favorable)						
Hospital IQR	 1.4% ^b	4,643 Hospitals	769,860 Population	7.8% ^c 2013	8.0% ^c 2015	3.7% ^d

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Dashboard 4-2: Management of Chronic Conditions^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
4 – Controlling High Blood Pressure (NQF #0018) (↑ = Favorable)						
PQRS, Physician VM (Web Interface) ^e	 -0.3% ^b	292 Group Practices	83,382 Sample	69.0% ^c 2012	68.6% ^c 2015	85.9% ^d
Medicare Shared Savings Program	 2.7% ^b	392 ACOs	161,511 Sample	63.7% ^c 2012	69.6% ^c 2015	75.9% ^d
Part C Star Ratings	 2.0% ^b	375 Contracts ^f	152,953 Sample	56.6% ^c 2006	65.3% ^c 2013	Not applicable
(New specifications – not endorsed) Part C Star Ratings (2014–2015) ^g	Insufficient data	385 Contracts ^f	141,949 Sample	70.2% ^c 2014	69.3% ^c 2015	86.4% ^d


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
5 – Hemoglobin A1c Poor Control (> 9%) (NQF #0059)^h (↓ = Favorable)						
PQRS, Physician VM (Web Interface) ^e	 -2.8% ^b	280 Group Practices	70,262 Sample	18.8% ^c 2012	17.5% ^c 2015	9.3% ^d
Medicare Shared Savings Program	 -7.4% ^b	393 ACOs	161,299 Sample	25.7% ^c 2012	20.6% ^c 2015	11.6% ^d
Part C Star Ratings	 -3.5% ^b	388 Contracts ^f	246,290 Sample	31.4% ^c 2006	24.8% ^c 2015	10.0% ^d

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^e Data for PQRS are limited to group practices that chose the Web Interface reporting option.

^f Medicare Part C Star Ratings data are collected and reported at the contract level. A contract may include one or more plan benefit packages.

^g HEDIS[®] specifications revised the definition for adequate blood pressure control (< 140/90 for all individuals ages 18–85 with hypertension) to include blood pressure of < 150/90 for individuals ages 60–85 without a diagnosis of diabetes. Only two annual data points were available; therefore, a trend analysis was not performed.

^h Lower rates indicate better performance.


Dashboard 5-1: Influenza Immunization^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Respondents/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
1a – Annual Flu Vaccine (NQF #0039) (↑ = Favorable)						
FFS Medicare FFS CAHPS	 0.7% ^b	Not applicable	124,992 Sample	70.2% ^c 2007	71.6% ^c 2015	Not determined [†]
Part C Star Ratings MA/MA-PD CAHPS	 0.7% ^b	466 Contracts ^e	153,666 Sample	70.2% ^c 2007	72.4% ^c 2015	83.2% ^d
1b – Influenza Immunization (NQF #0041) (↑ = Favorable)						
PQRS, Physician VM (Web Interface) ^f	 2.8% ^b	298 Group practices	90,270 Sample	56.3% ^c 2012	63.3% ^c 2015	87.8% ^d
Medicare Shared Savings Program	 6.5% ^b	391 ACOs	167,848 Sample	49.8% ^c 2012	61.0% ^c 2015	72.9% ^d
1c – Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (↑ = Favorable)						
Nursing Home Quality Initiative (Short-Stay) (NQF #0680)	 0.7% ^b	47,058 Nursing homes	18,289,501 Population	82.1% ^c 2011	84.5% ^c 2015	98.9% ^d
Nursing Home Quality Initiative (Long-Stay) (NQF #0681)	 0.8% ^b	46,560 Nursing homes	15,072,635 Population	91.0% ^c 2011	94.6% ^c 2015	99.9% ^d

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^f Data for PQRS are limited to group practices that chose the Web Interface reporting option.


Dashboard 5-2: Cancer Screenings^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
2 – Colorectal Cancer Screening (NQF #0034) (↑ = Favorable)						
PQRS, Physician VM (Web Interface) ^e	 -1.7% ^b	295 Group practices	83,692 Sample	62.0% ^c 2012	60.9% ^c 2015	80.5% ^d
Medicare Shared Savings Program	 6.0% ^b	393 ACOs	171,729 Sample	48.3% ^c 2012	59.7% ^c 2015	74.4% ^d
Part C Star Ratings	 3.8% ^b	383 Contracts ^f	809,596 Sample	52.9% ^c 2006	68.0% ^c 2015	70.9% ^d
3 – Breast Cancer Screening (NQF #2372) (↑ = Favorable)						
PQRS, Physician VM (Web Interface) ^e	Insufficient data ^g	289 Group Practices	76,926 Sample	66.7% ^c 2014	69.3% ^c 2015	85.1% ^d
Medicare Shared Savings Program	Insufficient data ^g	391 ACOs	171,353 Sample	61.5% ^c 2014	65.2% ^c 2015	82.3% ^d
Part C Star Ratings	 1.6% ^b	355 Contracts ^f	2,922,701 Population	70.6% ^c 2013	72.9% ^c 2015	91.2% ^d

^a Additional information on how to read the dashboard is in *Guide to the National Quality Dashboards and Graphs* (Appendix F).

^b Progress was measured using the average annual percentage change (AAPC), which was calculated using a linear trend model fit to the data series. The baseline and most recent year results are shown in the dashboard for informational purposes and cannot be used to replicate the trend model results.

 Indicates an annual percentage change > 1% per year in a favorable direction.

 Indicates an average annual percentage change <= 1% per year.

 Indicates an annual percentage change > 1% per year in an unfavorable direction.

^c The result represents the national average calculated (◇) as a simple average of provider rates or (◇◇) as a weighted average of provider rates.



^d The achievable result is the average performance rate across the highest-performing providers covering 10% of the eligible population, derived using the Achievable Benchmarks of Care (ABCTM) methodology. Results may differ from benchmarks used by various CMS programs and do not reflect CMS-endorsed goals.

^e Data for PQRS are limited to group practices that chose the Web Interface reporting option.

^f Medicare Part C Star Ratings data are collected and reported at the contract level. A contract may include one or more plan benefit packages.

^g Only two annual data points were available; therefore, a trend analysis was not performed.


Dashboard 5-3: Healthy Weight^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
4 – BMI Screening and Follow-Up (NQF #0421) (↑ = Favorable)						
PQRS, Physician VM (Web Interface) ^e	 1.2% ^b	297 Group practices	91,562 Sample	60.4% ^c 2012	63.5% ^c 2015	88.1% ^d
Medicare Shared Savings Program	 9.1% ^b	391 ACOs	173,840 Sample	54.6% ^c 2012	71.1% ^c 2015	84.3% ^d

^a Additional information on how to read the dashboard is in *Guide to the National Quality Dashboards and Graphs* (Appendix F).

^b Progress was measured using the average annual percentage change (AAPC), which was calculated using a linear trend model fit to the data series. The baseline and most recent year results are shown in the dashboard for informational purposes and cannot be used to replicate the trend model results.

 Indicates an annual percentage change > 1% per year in a favorable direction.

 Indicates an average annual percentage change <= 1% per year.



 Indicates an annual percentage change > 1% per year in an unfavorable direction.

^c The result represents the national average calculated as a weighted average of provider rates.

^d The achievable result is the average performance rate across the highest-performing providers covering 10% of the eligible population, derived using the Achievable Benchmarks of Care (ABCTM) methodology. Results may differ from benchmarks used by various CMS programs and do not reflect CMS-endorsed goals.

^e Data for PQRS are limited to group practices that chose the Web Interface reporting option.


Dashboard 5-4: Depression^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
5 – Screening for Clinical Depression and Follow-Up Plan (NQF #0418) (↑ = Favorable)						
PQRS, Physician VM (Web Interface) ^e	 26.6% ^b	295 Group practices	81,844 Sample	23.0% ^c 2013	36.9% ^c 2015	75.0% ^d
Medicare Shared Savings Program	 26.3% ^b	392 ACOs	163,680 Sample	22.4% ^c 2012	44.9% ^c 2015	65.4% ^d

^a Additional information on how to read the dashboard is in *Guide to the National Quality Dashboards and Graphs* (Appendix F).

^b Progress was measured using the average annual percentage change (AAPC), which was calculated using a linear trend model fit to the data series. The baseline and most recent year results are shown in the dashboard for informational purposes and cannot be used to replicate the trend model results.

 Indicates an annual percentage change > 1% per year in a favorable direction.

 Indicates an average annual percentage change <= 1% per year.



 Indicates an annual percentage change > 1% per year in an unfavorable direction.

^c The result represents the national average calculated as a weighted average of provider rates.

^d The achievable result is the average performance rate across the highest-performing providers covering 10% of the eligible population, derived using the Achievable Benchmarks of Care (ABCTM) methodology. Results may differ from benchmarks used by various CMS programs and do not reflect CMS-endorsed goals.

^e Data for PQRS are limited to group practices that chose the Web Interface reporting option.


Dashboard 5-5: Tobacco Use^a


Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
6 – Tobacco Use: Screening and Cessation Intervention (NQF #0028) (↑ = Favorable)						
PQRS, Physician VM (Web Interface) ^e	 0.1% ^b	297 Group practices	93,135 Sample	86.6% ^c 2012	88.7% ^c 2015	99.1% ^d
Medicare Shared Savings Program	 3.4% ^b	392 ACOs	176,889 Sample	81.1% ^c 2012	89.8% ^c 2015	97.0% ^d

^a Additional information on how to read the dashboard is in *Guide to the National Quality Dashboards and Graphs* (Appendix F).

^b Progress was measured using the average annual percentage change (AAPC), which was calculated using a linear trend model fit to the data series. The baseline and most recent year results are shown in the dashboard for informational purposes and cannot be used to replicate the trend model results.

 Indicates an annual percentage change > 1% per year in a favorable direction.

 Indicates an average annual percentage change <= 1% per year.

 Indicates an annual percentage change > 1% per year in an unfavorable direction.

^c The result represents the national average calculated as a weighted average of provider rates.

^d The achievable result is the average performance rate across the highest-performing providers covering 10% of the eligible population, derived using the Achievable Benchmarks of Care (ABCTM) methodology. Results may differ from benchmarks used by various CMS programs and do not reflect CMS-endorsed goals.

^e Data for PQRS are limited to group practices that chose the Web Interface reporting option.

AFFORDABLE CARE

Dashboard 6-1: Costs Associated With Hospitalizations^a

Measure Name (NQF #)/ Program Use	Progress/ AAPC ^b	Most Recent # of Providers Included/ Type	Most Recent # of Patients Included/ Method	Baseline Result ^c / Year	Most Recent Result ^c / Year	Achievable Result ^d
1 – Payment Associated with a 30-Day Episode of Care for AMI (NQF #2431)						
Hospital IQR	Increased 1.9% ^b	4,320 Hospitals	469,378 Population	\$22,345 ^{c,e} 2013	\$23,196 ^c 2015	Not determined ^{d†}

^a Additional information on how to read the dashboard is in *Guide to the National Quality Dashboards and Graphs* (Appendix F).

^b Progress was measured using the average annual percentage change (AAPC), which was calculated using a linear trend model fit to the data series. The baseline and most recent year results are shown in the dashboard for informational purposes and cannot be used to replicate the trend model results.

^c The result represents the national average calculated from beneficiary-level data.

^d The achievable result is the average performance rate across the highest-performing providers covering 10% of the eligible population, derived using the Achievable Benchmarks of Care (ABCTM) methodology. † The achievable result was not calculated for Affordable Care measures because the direction for improvement was not established.

^e Adjusted to 2015 dollars