urac®
30 Years of Setting the Standard in Health Care

2025

SPECIALTY PHARMACY PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

January 2026

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EXECUTIVE SUMMARY

465
Reporting Organizations

58M+
Specialty Prescriptions Dispensed

Year Over Year Highlights

- There was a 10% increase in the number of reporting organizations and more than 24% increase in the specialty prescription dispensed volume
- There was a 99% reporting response rate for specialty pharmacy organizations
- Most dispensing errors continued to be due to incorrect quantity or incorrect instructions
- The leading cause of errors in distribution was prescriptions dispensed with correct patient address but delivered to the wrong address

Turnaround Time

~ 6.00 days
To fill a prescription

Call Abandonment Rate

2.98%
Of calls abandoned

Dispensing Accuracy

99.99%
Of prescriptions *dispensed* with no errors

Distribution Accuracy

99.91%
Of prescriptions *distributed* with no errors

Presented in this report are the 2024 measurement year (2025 reporting year) results based on URAC's Specialty Pharmacy Accreditation program performance measures.

URAC includes performance measures in multiple accreditation programs to align and harmonize with national priorities for healthcare quality and delivery improvement. Our priority of consumer protection and empowerment drives our measurement efforts on outcome measures, composite measures, and flexible measures collection. With the emphasis of the ACA on affordable, quality health care and access, it is imperative that performance measurement programs are in place to ensure that savings from cost-cutting efforts in health care are not at the expense of the quality of care delivered to patients. The information provided by measures of performance can help stakeholders monitor the quality and accessibility of care across the nation.

Performance measurement for the 2025 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. The data validation program identifies areas of opportunity for improvement and ensures ongoing compliance conformity to program standards. By requiring organizations to submit audited performance measures annually, URAC ensures accurate and reliable data for organization-to-organization comparisons. These audited performance measure results become publicly available via aggregated, de-identified reports.

Organizations are required to report data for services covered under the scope of each accreditation. There are 4 mandatory measures and the option to report data for 3 exploratory measures. Results are reported to URAC separately for each accreditation.

Below is the list of measures for 2025 reporting.

MANDATORY MEASURES

1. Call Center Performance© (DTM2010-04)
2. Dispensing Accuracy© (MP2012-06)
3. Distribution Accuracy© (MP2012-07)
4. Turnaround Time for Prescriptions© (MP2012-08)

EXPLORATORY MEASURES

1. Complaint Response Timeliness© (PH2021-01)
2. Overall Consumer Satisfaction© (PH2021-02)
3. Clinical Intervention Acceptance Rate© (PH2023-01)

DATA VALIDATION PROCEDURES

Data validation vendors (DVV) identified any materially inaccurate submissions. Additionally, Kiser Healthcare Solutions LLC corrected any data entry and duplicate submission errors based on manual data review and cleaning, documented at the end of this report.

Kiser Healthcare Solutions executed standard procedures for data cleaning and validation prior to finalizing the results presented in this report. All organizations' measure submissions were reviewed for measure component quality. For example, numerators and denominators were checked against rates to ensure accuracy. Also, minimum, mean, median, and maximum rates were benchmarked nationally and regionally to ensure accuracy and to identify potential issues at an individual submission level.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than zero
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure

Basic guidelines for aggregate rates:

- Measure denominator is greater than or equal to 30
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure
- Minimum of 5 reporting organizations

RESULTS IN AGGREGATE

A total of 465 URAC-accredited Specialty Pharmacy organizations reported 2024 measurement year data for the 2025 reporting year. The total number of specialty prescriptions dispensed across all specialty organizations was 58,396,793, with the number of specialty prescriptions dispensed ranging from 79 to 15,279,673. Most organizations reported dispensing less than 100,000 specialty prescriptions, with over one-half of organizations dispensing less than 16,000 specialty prescriptions **(Figure 1)**. The South represented the largest number of organizations, and the West represented the least **(Figure 2)**. More than one-quarter of organizations represented all four regions.

Around 43% of the organizations (n=198) reported dispensing at least 99% specialty drugs, however, not all reporting organizations dispensed mainly specialty drugs. The most common type of specialty drug dispensed was for Rheumatoid Arthritis, followed by Oncology **(Figure 3)**. The most common types of "Other" specialty drug dispensed were for Neurology and Hematology **(Figure 4)**.

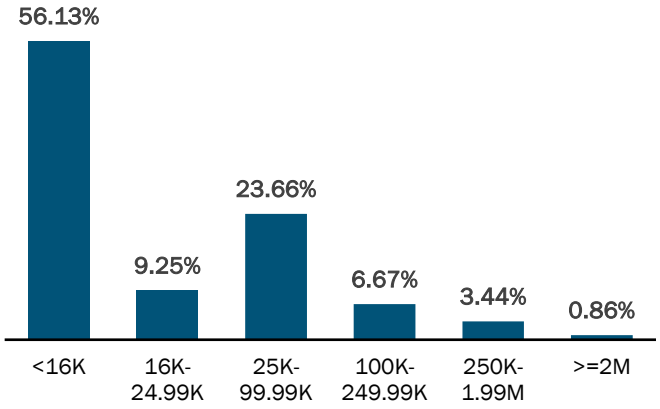


Figure 1. Reporting by Program Tier Size

# of prescriptions dispensed per organization (n=465)

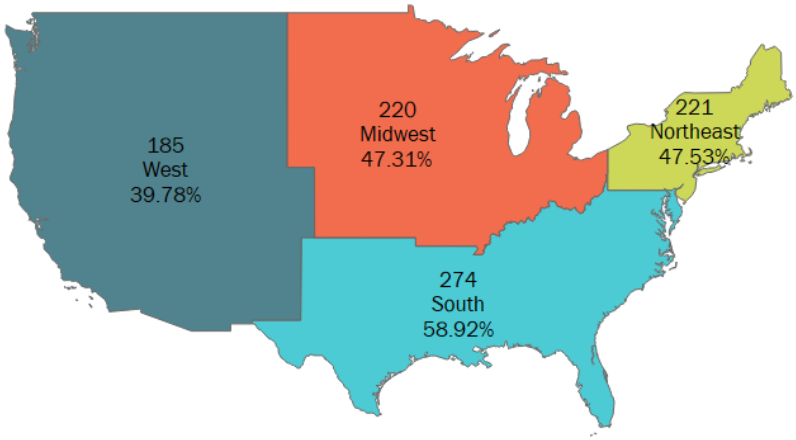


Figure 2. Regional Areas Served

% of reporting organizations by region (n=465)

Note: Multiple responses accepted.

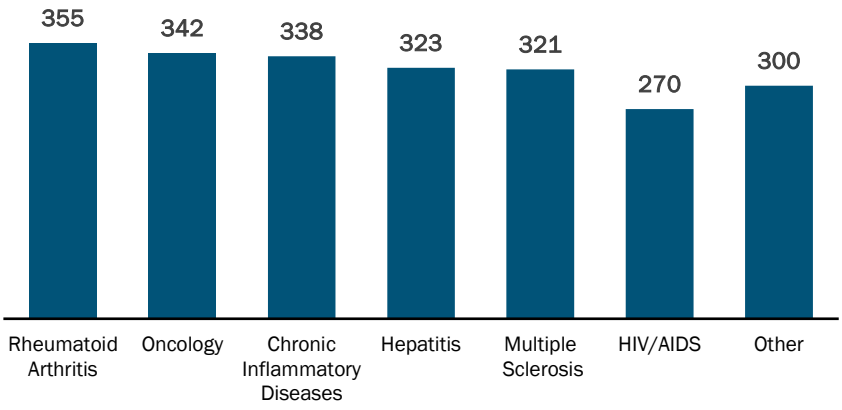


Figure 3. Types of Drugs Dispensed

Note: Multiple responses accepted.

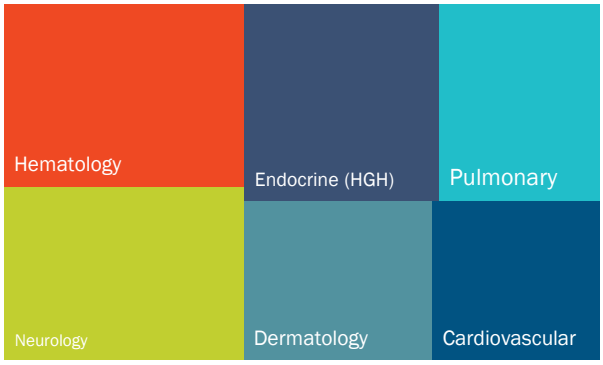


Figure 4. Top Drug Types Defined as "Other"

Note: Multiple responses accepted.

Pharmacy Composition

In the 2025 reporting year, URAC requested that pharmacies self-identify their pharmacy type for future analysis. Most pharmacies reported themselves as university/ hospital health system or independent organizations. One fourth of the organizations who reported "Other" indicated themselves as a Specialty Pharmacy, which does not identify the pharmacy further. The remaining responses in this category included types such as FQHC Community Health System, Medically Integrated Dispensing Pharmacy, Hemophilia Treatment Center, and Supermarket Chain. While organizations identified as Large Chain represented around 3% of the reporting organizations, they accounted for more than 35% of the dispensing volume **(Figure 5)**.

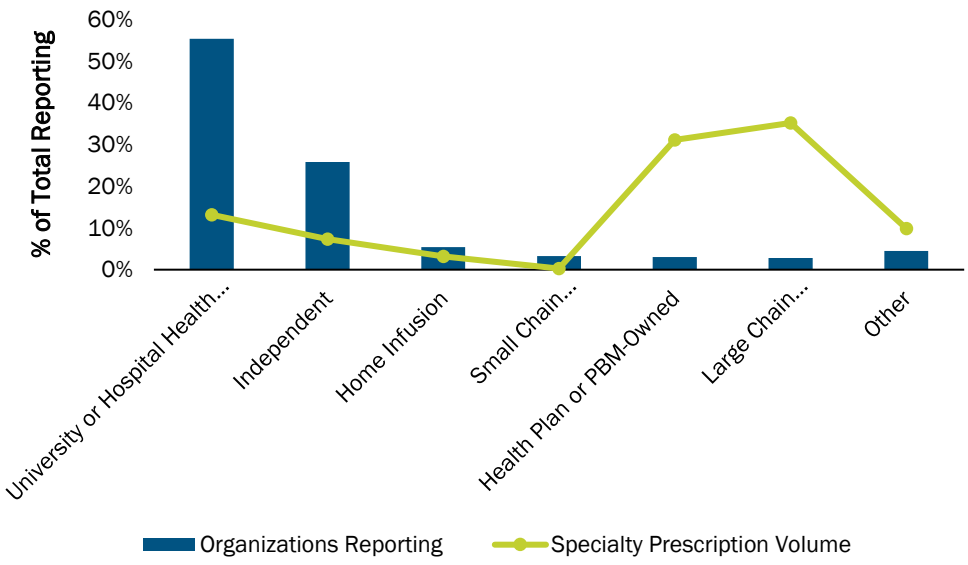


Figure 5. Pharmacy Composition

% of reporting organizations (n=465)

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

This *mandatory* measure has two parts:

- Part A evaluates the percentage of calls during normal business hours to the organization's call service center(s) during the measurement period that were answered by a live voice within 30 seconds.
- Part B evaluates the percentage of calls made during normal business hours to the organization's call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative.

For Part A, a higher rate represents better performance. For Part B, a lower rate represents better performance.

There is no stratification for this measure; results are reported across all populations.

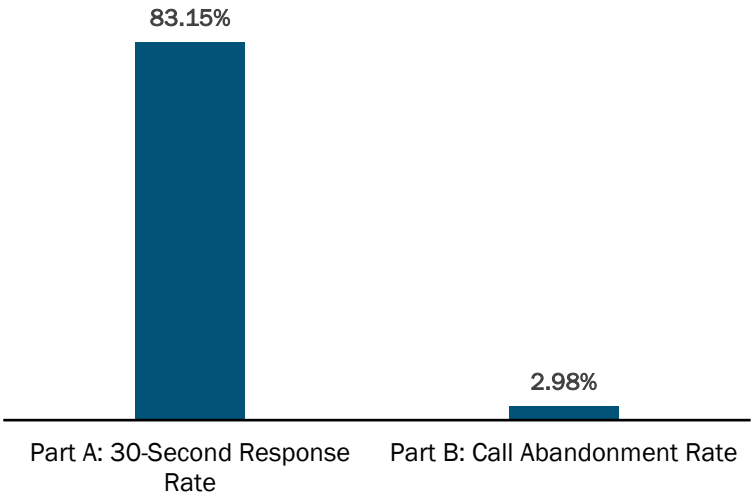


Figure 7. Call Center Performance Aggregate Summary Rates

Summary of Findings

Based on 451 submissions, there were 446 valid data submissions that reported both parts A and B of this measure. Four organizations reported 100% (all calls answered within 30 seconds) for Part A and the lowest performer answered around 9% of calls within 30 seconds. Nearly two-thirds of reporting pharmacies indicated a call abandonment rate of less than 3% with four pharmacies reporting 0% (no calls abandoned) for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	44,300,269	53,277,531	83.15%	88.03%	446
Part B: Call Abandonment Rate	1,592,260	53,383,561	2.98%	3.18%	451

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	8.61%	74.96%	84.32%	92.09%	96.33%	97.94%	100%
Part B: Call Abandonment Rate	41.84%	5.89%	3.72%	2.34%	1.35%	0.62%	0%

DISPENSING ACCURACY (MP2012-06)

Measure Description

This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately. Measure parts include the error types listed below. This measure is not intended to capture errors that are not defined below.

- Part A: Incorrect Drug and/or Product Dispensed
- Part B: Incorrect Recipient
- Part C: Incorrect Strength
- Part D: Incorrect Dosage Form
- Part E: Incorrect Instructions
- Part F: Incorrect Quantity

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure; results are reported aggregated across all populations.

Dispensing Error Rate

0.01521%
All Error Composite

15.2 errors
Per 100k Prescriptions Dispensed

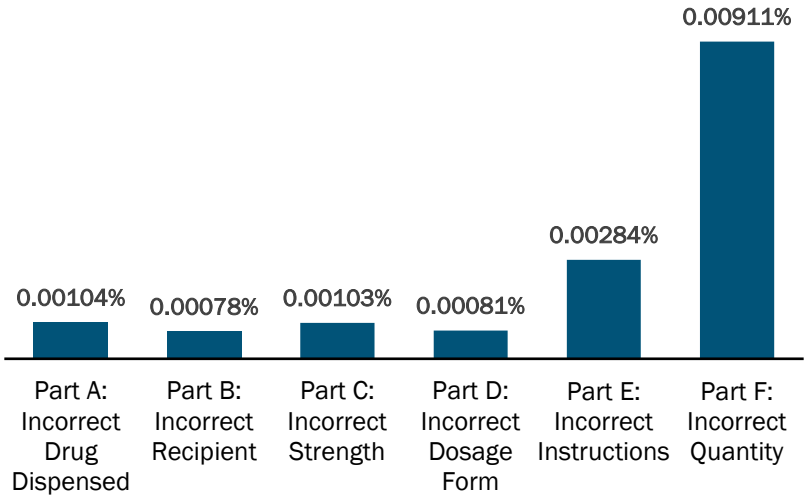


Figure 8. Dispensing Error Types
Aggregate Summary Rates per dispensing error sub-part

** Most dispensing errors are due to incorrect quantity & incorrect instructions.*

Summary of Findings

Based on the data submitted for over 58.8 million specialty prescriptions, the average number of drug dispensing errors was 15.2 per 100,000 prescriptions dispensed (99.99% of prescriptions dispensed with zero errors). The highest performing pharmacies reported zero dispensing errors. Conversely, the lowest performing pharmacy reported 947 drug dispensing defects per 100,000 with the leading cause of errors in dispensing accuracy reported as being due to incorrect quantity.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
8,947	58,817,349	0.01521%	0.04012%	463

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.94787%	0.08096%	0.04148%	0.01793%	0.00129%	0%	0%

Part A: Incorrect Drug Dispensed

Based on the 463 submissions received, the average number of incorrect drugs dispensed was 1.0 per 100,000 prescriptions dispensed (a 22% decline compared to the prior year). Around three-fourths of pharmacies (n=345) reported zero errors due to incorrect drug, while the lowest performing pharmacy in this sub-measure reported 204 incorrect drugs dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
611	58,817,349	0.00104%	0.00248%	463

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.20437%	0.00573%	0.00031%	0%	0%	0%	0%

Part B: Incorrect Recipient

Incorrect recipient accounts for the lowest number of dispensing errors, with an average of .78 errors per 100,000 prescriptions. Of the 462 submissions, there were 334 valid data submissions that reported zero errors due to incorrect recipient. The lowest performing pharmacy reported 147 drugs dispensed to incorrect recipient per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
456	58,813,000	0.00078%	0.00438%	462

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.14731%	0.01042%	0.00086%	0%	0%	0%	0%

Part C: Incorrect Strength

Of the total 463 valid submissions, more than two-thirds of pharmacies (n=332) reported zero errors due to incorrect strength. The lowest performer reported 113 prescriptions dispensed with incorrect strength per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
477	46,355,280	0.00103%	0.00288%	463

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.11397%	0.00633%	0.00096%	0%	0%	0%	0%

Part D: Incorrect Dosage Form

More than three-fourths of valid data submissions (n=358) reported zero dispensing errors due to the incorrect dosage form being dispensed. The lowest performer reported 185 incorrect dosage forms dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
375	46,355,280	0.00081%	0.00255%	463

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.18541%	0.00524%	0%	0%	0%	0%	0%

Part E: Incorrect Instructions

Prescriptions dispensed with incorrect instructions were the second most common cause of dispensing errors, after incorrect quantity, with an average of 2.84 errors per 100,000 prescriptions. More than half of pharmacies (n=254) reported zero errors in dispensing due to incorrect instructions. The lowest performing pharmacy reported 947 drugs dispensed with incorrect patient instructions per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
1,670	58,813,000	0.00284%	0.00939%	462

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.94787%	0.02006%	0.00649%	0%	0%	0%	0%

Part F: Incorrect Quantity

Results showed that there were at least four times as many incidences of prescriptions dispensed with the incorrect quantity than any other error type. More than one-third of pharmacies (n=192) reported zero errors due to incorrect quantity dispensed, while the lowest performing pharmacy reported 892 drugs dispensed with incorrect quantity per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
5,358	58,817,349	0.00911%	0.01892%	463

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.89286%	0.03777%	0.01829%	0.00449%	0%	0%	0%

DISTRIBUTION ACCURACY (MP2012-07)

Measure Description

This *mandatory* two-part measure and composite assesses the percentage of prescriptions delivered to the wrong recipient. Measure parts include the error types listed below. This measure is not intended to capture errors that are not defined below.

- Part A assesses the percentage of prescriptions mailed with an incorrect address.
- Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure, results are reported aggregated across all populations.

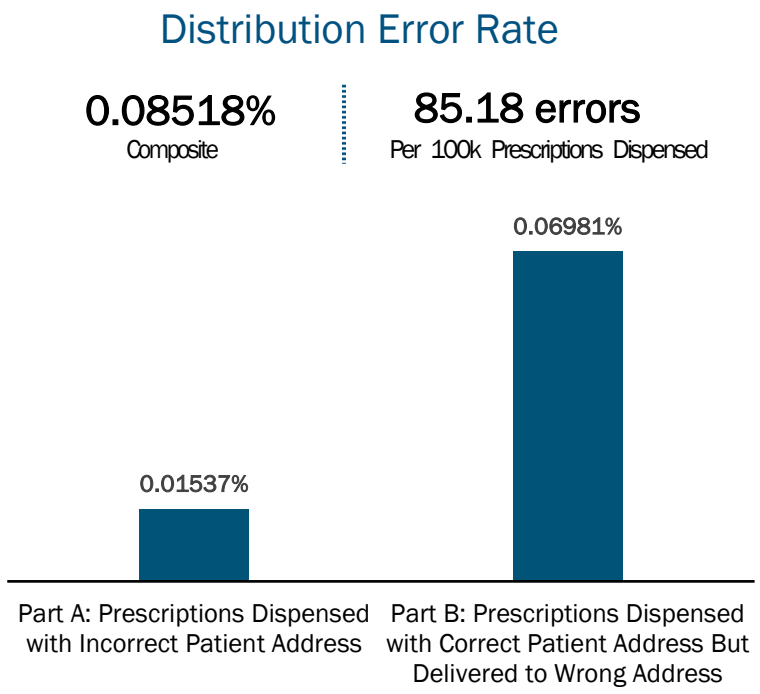


Figure 9. Distribution Error Types
Aggregate Summary Rates per distribution error sub-part

**Most distribution errors are due to prescriptions being dispensed with the correct patient address but delivered to the wrong address.*

Summary of Findings

A total of 460 organizations reported valid distribution accuracy results for each measure sub-part. Results showed that pharmacies had approximately six times as many errors in the distribution of a prescription than in dispensing. The highest performing pharmacies had zero distribution errors. Conversely, pharmacies in the 10th percentile reported over 114 distribution defects per 100,000 prescriptions dispensed. The lowest performing pharmacy reported 892 distribution defects per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
50,074	58,790,206	0.08518%	0.04978%	460

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.89286%	0.11493%	0.06131%	0.02550%	0.00250%	0%	0%

Part A: Prescriptions Dispensed with Incorrect Patient Address

Distribution errors caused by a prescription being dispensed with the incorrect address were around five times less prevalent than errors in the delivery of the prescription to wrong location (Part B). Of the 460 submissions, approximately one-third (n=158) reported zero errors attributed to an incorrect patient address. The lowest performing organization reported 353 incorrect patient addresses per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
9,033	58,777,208	0.01537%	0.02504%	460

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.35397%	0.06271%	0.03264%	0.01070%	0%	0%	0%

Part B: Prescriptions Dispensed with Correct Patient Address but Delivered to Wrong Location

Pharmacies performing in the top 25th percentile (n=166) for this sub-measure reported zero errors due to prescriptions dispensed with the correct patient address being delivered to the wrong location. In contrast, the lowest performer reported 892 prescriptions delivered to the wrong location per 100,000 dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
41,039	58,789,936	0.06981%	0.02478%	461

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.89286%	0.05727%	0.02852%	0.00698%	0%	0%	0%

TURNAROUND TIME FOR PRESCRIPTIONS (MP2012-08)

Measure Description

This *mandatory* three-part measure assesses average number of days in which the organization fills new and refill prescriptions.

- Part A measures prescription turnaround time for clean prescriptions
- Part B measures prescription turnaround time for prescriptions that required intervention
- Part C measures prescription turnaround time for all prescriptions

For all parts, a lower rate represents better performance.

Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes clean, it is not counted again in Part A. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions).

There is no stratification for this measure, results are reported across all populations.

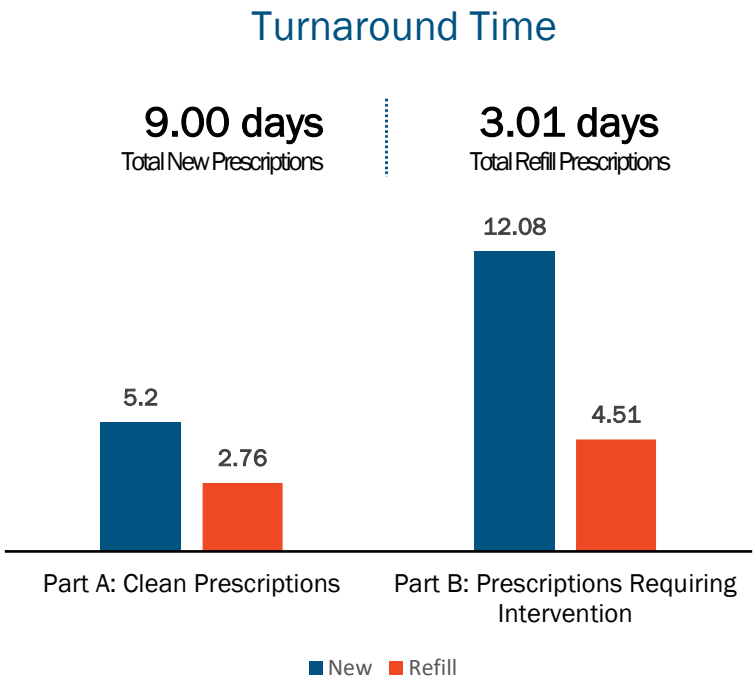


Figure 10. Turnaround Time Aggregate Summary Rates

Summary of Findings

There were 423 pharmacies that reported URAC's turnaround time measure, with 312 organizations submitting valid data for all parts of the measure. Based on the data submitted, the average total time to fill specialty pharmacy prescriptions was 6.00 business days. Results indicate that refill prescriptions were filled more quickly, with specialty pharmacies taking three times as many days to fill a new prescription compared to refills. Pharmacies with the fastest turnaround time filled a refill prescription in one business day, while about one-quarter of pharmacies took more than five days to fill a new prescription.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part C1: All Prescriptions - New	174,311,765	19,373,958	9.00	4.03	421
Part C2: All Prescriptions - Refill	101,358,682	33,686,087	3.01	2.54	421

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part C1: All Prescriptions - New	37.84	8.29	4.60	2.80	1.91	1.36	1.00
Part C2: All Prescriptions - Refill	12.38	4.29	3.19	2.15	1.45	1.07	0.63

Part A: Clean Prescriptions

One pharmacy was able to refill clean prescriptions in one business day, however most reporting pharmacies required more than two days to turnaround new, clean prescriptions.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A1: Clean Prescriptions - New	44,014,205	8,460,875	5.20	3.47	378
Part A2: Clean Prescriptions - Refill	78,960,836	28,639,712	2.76	2.36	391

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A1: Clean Prescriptions - New	37.72	7.13	3.67	2.43	1.61	1.16	1.00
Part A2: Clean Prescriptions - Refill	15.47	3.88	2.99	1.98	1.29	1.04	0.63

Part B: Prescriptions Requiring Intervention

Based on the data submitted, the average time to fill all prescriptions requiring interventions was approximately 8 days, with around 75% of submissions requiring more than 2 days and 28% of submissions requiring more than five days to fill.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part B1: Prescriptions Requiring Intervention - New	131,126,168	10,850,661	12.08	5.31	375
Part B2: Prescriptions Requiring Intervention - Refill	21,770,895	4,824,216	4.51	3.43	338

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part B1: Prescriptions Requiring Intervention - New	140.23	9.57	6.41	3.74	2.31	1.67	1.00
Part B2: Prescriptions Requiring Intervention - Refill	27.55	6.19	4.37	2.78	1.78	1.16	0.72

COMPLAINT RESPONSE TIMELINESS (PH2021-01)

Measure Description

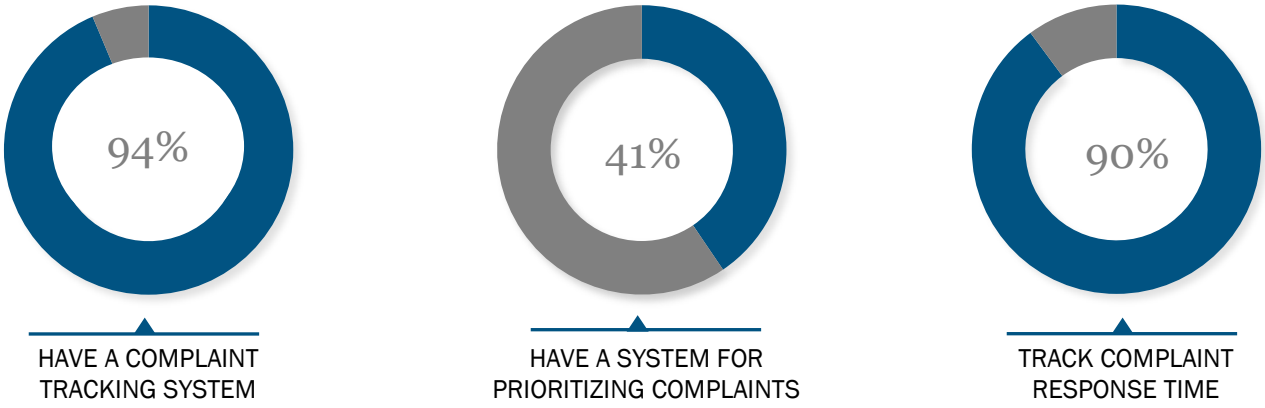
This *exploratory* two-part measure assesses the following:

- Part A assesses the percentage of consumer complaints to which the organization responded within the time frame established for complaint response.
- Part B assesses the average time, in business days, for complaint response.

A lower rate represents better performance for Part B. Responses with a denominator of less than 30 complaints are included given ideal performance is fewer complaints.

Summary of Findings

A total of 79 organizations submitted data for this measure. While most organizations reported having a system for tracking complaints, less than half of those pharmacies are able to prioritize complaints. Around 90% of the reporting organizations indicated that complaint response time is tracked. Additionally, 25% (n=20) of pharmacies reported no complaints received in the collection year.



Part A: Percentage of Complaints Responded to Within Program-Specified Timeframe

There were 60 organizations that submitted valid data for this measure and 99.19% of complaints were addressed within the program-specified timeframe. Once received, complaints were responded to within 2 business days (1.38 days).

Part B: Average Time for Complaint Response

Based on the data submitted, the target number of days for complaint response established by each organization ranged between one and thirty business days. The most frequently reported goal timeframe was five business days, however the actual time for complaint response was 1.38 business days.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: Complaint Response Within Program Timeframe	1,832	1,847	99.19%	97.33%	60
Part B: Aggregate Summary Time for Complaint Response (Days)	2,315	1,683	1.38	1.78	58

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: Complaint Response Within Program Timeframe	88.89%	95.71%	100%	100%	100%	100%	100%
Part B: Aggregate Summary Time for Complaint Response (Days)	6.96	2.59	1.36	1.16	1.02	0.68	0.02

OVERALL CONSUMER SATISFACTION (PH2021-02)

Measure Description

This *exploratory* measure assesses percentage of program participants who completed a consumer satisfaction survey and reported that they were "satisfied" overall with the pharmacy program during the measurement period.

There is no stratification for this measure, results are reported across all populations.

URAC is the measure steward, and all rights are retained by URAC.

Summary of Findings

Of the 71 organizations that submitted data for this measure, 63 organizations submitted valid data for both measure sub-parts. **Based on the data submitted, overall consumer satisfaction was 96.31%, with a survey response rate of 15.04%.** Most pharmacy organizations (69% of respondents) reported the use of internally developed surveys for consumer satisfaction **(Figure 11)**, with surveys being mostly administered by telephone, online and mail **(Figure 12)**.

Survey Methodology

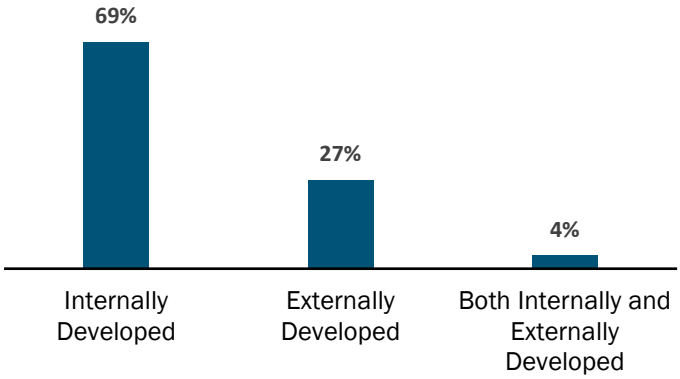


Figure 11. Development of Survey

% of reporting organizations (n=74)

Respondents were asked about the methodology used to send surveys to consumers. Most organizations (65%) selected 'other' and indicated surveys are randomly sampled in other timeframes (e.g., quarterly, at time of service) **(Figure 13)**.

Figure 12. Survey Administration Method

% of total responses received (n=114)

Note: Multiple responses accepted per organization.

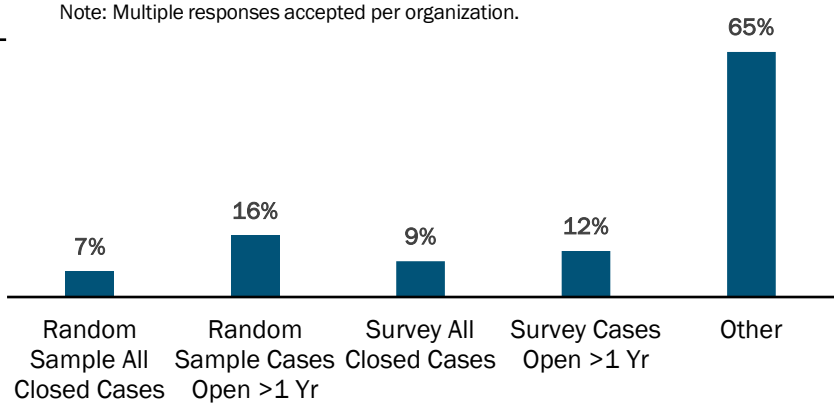


Figure 13. Consumer Survey Method

% of total responses received (n=74)

Note: Multiple responses accepted per organization.

2025 SPECIALTY PHARMACY: AGGREGATE SUMMARY PERFORMANCE REPORT

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Overall Consumer Satisfaction	46,760	48,551	96.31%	96.77%	65
Survey Response Rate	42,186	280,464	15.04%	42.60%	69

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Overall Consumer Satisfaction	83.13%	91.04%	95.86%	98.24%	100%	100%	100%
Survey Response Rate	0.37%	5.99%	10.21%	27.45%	79.45%	100%	100%

CLINICAL INTERVENTION ACCEPTANCE RATE (PH2023-01)

Measure Description

This *exploratory* measure assesses percentage of clinical interventions that were fully or partially accepted by the prescriber during the measurement period.

There is no stratification for this measure; results are reported across all populations.

Clinical Intervention Acceptance Rate

74.95%

The 47 valid submissions for this measure reported an aggregate summary rate of 74.95%.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
20,926	27,921	74.95%	82.97%	47

MIN	10TH	25TH	50TH	75TH	90TH	MAX
2.15%	40.89%	81.80%	94.61%	99.18%	100%	100%

Strategies for Clinical Intervention

Respondents were asked about the Clinical Intervention strategies employed by their organizations. Most organizations (56%) selected 'Combined' (educational and behavioral) strategies for clinical intervention **(Figure 14)**.

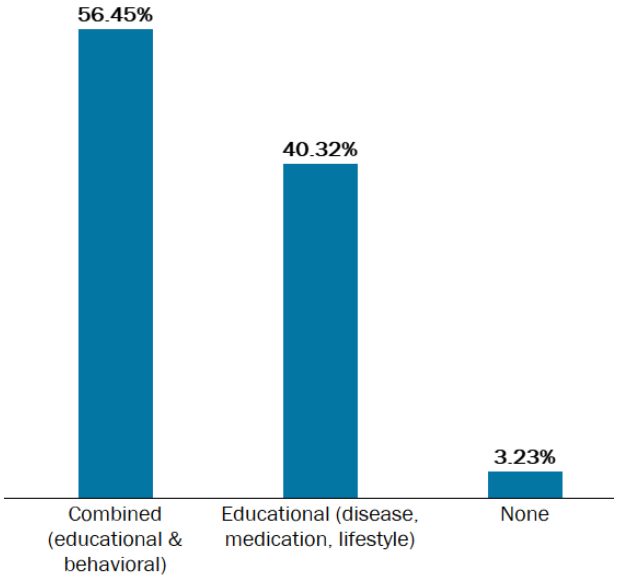


Figure 14. Strategies for Clinical Intervention
% of reporting organizations (n=62)