Indiana Health Information Exchange

Quality Health First®
Program

Measure Definitions and Specifications

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Measure Definition Terminology

The purpose of this document is to describe measures used in the Quality Health First® program (QHF). While the general layout for each measure will be similar, each measure will be defined separately.

Description

Each measure will include a brief description. In general, measures are defined in terms of a denominator (patients being measured) and a numerator (patients passing the measure).

Measure Population

The measure population is made up of all patients who meet the criteria for the measure before exclusions/exceptions are applied. The following criteria apply to each measure population:

- The age range for patients included in the measure denominator.
- The gender for patients included in the measure denominator, if applicable.
- The diagnoses or other criteria required for patients included in the measure denominator.
- The timeframe for the patient diagnoses or event criteria in the measure denominator. This may be 12 months, 24 months, anytime in history, etc.

Exclusion

Measures may have one or more exclusions that apply to the measure population, excluding patients from the measure denominator based upon specific criteria. If exclusions apply to a measure, they are listed with that measure. For example, a woman who has had bilateral mastectomies would not need a mammogram.

There are also general exclusions that remove patients from all measure denominators. For example, patients with terminal illness or in a long-term care facility would be excluded from all measures. These exclusions are not listed with each measure.

Exception

Measures may also have one or more exceptions that apply to the measure population. Exceptions differ from exclusions in that they are not captured by a standard code, but are captured from the health care provider during reconciliation. Exceptions are approved by the QHF Measures Committee. When one or more rules apply, a patient will be "excepted" (excluded) from the measure. For example, a woman who is pregnant or nursing is excluded from receiving a mammogram during her pregnancy and nursing.

Code Sets

Code sets include nationally recognized and locally accepted codes that identify diagnoses, procedures, other medical events, and supplemental tracking events. They are used to include or restrict patient selection for the measure denominators, numerators, and exclusions/exceptions. For the purpose of this document, diagnoses, lab tests, radiology, and other events will be described by general category rather than including QHF code sets and actual codes.

Denominator

Once patients with applicable exclusions and exceptions are removed from the measure population, the patients remaining are considered the denominator. The patients in the denominator are then measured against the numerator criteria to determine a pass/fail for each patient.

Numerator

The numerator includes all patients who meet the measure definition, denominator criteria, and numerator criteria, thereby "passing" the measure. Measures may have one or more criteria that have to be met for a patient to be considered numerator compliant or a "pass."

Reminders

Reminders are generated for measures to identify patients who will have medications, well-care visits, lab tests, etc., due in the upcoming months. Reminders allow the health care provider the opportunity to contact the patients and either schedule an office visit or order applicable tests.

Alerts

Alerts are generated for patients in a denominator who do not meet the numerator criteria and have "failed" the measure based on the information available at the time the reports are generated. Additional information from claims, clinical data, and/or the health care provider can either remove patients from the denominator (exclusion/exception) or "pass" a patient. All additional data will be considered when the reports are generated for the next month or quarter.

Measurement Period

The measurement period is a measure-specific rolling time period based on the as-of date of the report and the measure definition for the numerator criteria. The measurement period for most measures is 12 months, but some measures have an extended window for compliance. For example, breast cancer screening is every 24 months, cervical cancer screening is every 36 months, and colorectal cancer screening can extend from 12 months to 10 years, depending on the type of test done.

Look-Back Period

The look-back period is a measure-specific time period based on the as-of date of the report and the measure denominator and/or exclusion/exception criteria. The look-back period differs by measure component. For example, the look-back period for the diabetes measures uses a 24-month window for the denominator criteria, but anytime in the patient's history for the exclusion of polycystic ovary disease.

Score

For most measures, the score is indicated as a percentage of patients who passed the measure and is calculated by the number of patients in the numerator divided by the number of patients in the denominator. The score may be used to rate and compare providers, provider groups, and organizations on their performance on each measure.

Importance of this Measurement

The importance of each measure differs, depending on whether the measure is for preventative care or to help manage a disease and control complications. A brief summary of importance is included at the beginning of the each measure.

ASM—Appropriate Medications for People with Persistent Asthma

Description

Percentage of patients 5 through 64 years of age identified as having persistent asthma who were appropriately prescribed medications during the previous 12 months.

Importance of this Measurement

Appropriate asthma medications are important to control severe and persistent asthma to avoid frequent attacks and serious complications.

Denominator

- Include patients who are 5 through 64 years of age.
- Include patients with an asthma diagnosis, appropriate asthma medications, or applicable persistent asthma supplemental tracking code according to the following criteria in both prior months 1-12 (Period I) and months 13-24 (Period II).
    - At least one emergency department visit with asthma as the principal diagnosis; or
    - At least one acute inpatient discharge with asthma as the principal diagnosis; or
    - At least four outpatient visits with asthma as one of the listed diagnoses and at least two asthma medications dispensed; or
    - At least one supplemental tracking code for persistent asthma; or
    - At least four asthma medication dispensing events on different occasions.
- Generate reminders beginning at 5½ years of age.

Exclusions/Exceptions

- Exclude patients with chronic obstructive pulmonary disease (COPD), emphysema, cystic fibrosis, or acute respiratory failure anytime in the patient's history.
- Exclude patients who have been identified as not having persistent asthma per the health care provider.

Numerator

- Patients who were prescribed or who received appropriate asthma medications during the previous 12 months pass this measure.
- Patients with the appropriate supplemental tracking code pass this measure only if submitted by the health care provider during reconciliation.

AWC—Adolescent Well-Care Visits

Description

Percentage of adolescents 12 through 21 years of age during the previous 12 months who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN.

Importance of this Measurement

An annual well-care visit is important for the provider to assess growth and development and give the parents or guardian specific advice about the adolescent at different stages of life, offering information, assistance, and/or intervention.

Denominator

- Include patients who are 12 through 21 years of age.
- There are no exclusions or exceptions for this measure.
- Generate reminders beginning at 12½ years of age.

Numerator

- Patients with an appropriate well-care visit during the previous 12 months pass this measure.
- Well-care visits must be documented in the patient record and include evidence of (a) health and developmental history (physical and mental), (b) a physical exam, and (c) health education/anticipatory guidance.
- Visits to school-based clinics with practitioner types that would be considered as primary care practitioners may be counted if documentation that a well-care exam occurred is available in the medical record or administrative system.
- Services that occur over multiple visits may count toward this measure as long as all services occur within the time frame established for the measure.
- Do not include services rendered during an inpatient or emergency department visit.

BCS—Breast Cancer Screening

Description

Percentage of women 40 through 69 years of age who had a mammogram to screen for breast cancer during the previous 24 months.

Importance of this Measurement

Breast cancer is one of the leading causes of death in women. Women between the age of 40 and 69 are at a higher risk for breast cancer. Appropriate screening is required for early identification and treatment. Cancer screening is known to save lives and a marker for high quality healthcare.

Denominator

- Include women who are 40 through 69 years of age.
- Generate reminders beginning at 40½ years of age.

Exclusions/Exceptions

- Exclude patients who have had a bilateral mastectomy or two unilateral mastectomies anytime in their history.
- Exclude patients who are not genetically female.
- Exclude patients who the health care provider has indicated are incorrectly identified as female due to data errors.
- Exclude patients who are identified as pregnant from nine months prior to their estimated date of delivery (EDD) through six weeks post delivery.
- Exclude patients who are identified as nursing from nine months prior to their delivery date through 24 months post delivery.

Numerator

- Patients with appropriate breast cancer screening during the previous 24 months pass this measure.

CAD5—Lipid Profile Testing for Patients with Coronary Artery Disease

Description

Percentage of patients 18 years of age and older with a diagnosis of coronary artery disease (CAD) who received at least one lipid profile during the previous 12 months.

Importance of this Measurement

An annual lipid profile examines the blood for "bad" (high LDL) cholesterol and also “good” cholesterol and triglycerides. All the different types of lipids (fats) should be monitored to prevent or minimize damage to the blood vessels.

Denominator

- Patients who are 18 years of age and older.
- Patients with a diagnosis of CAD anytime in their history.
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients who have been identified as not having CAD per the health care provider.

Numerator

- Patients who have received a lipid profile screening during the previous 12 months pass this measure.
- Patients who have received all of the following components of a lipid profile screening in the measurement period pass this measure.
    - Cholesterol test
    - HDL test
    - LDL test
    - Triglyceride test
- Since lipid profile components might be rerun from the same specimen, include any lipid profile components within a seven-day period to satisfy the lipid profile requirement.
- If the LDL-C cannot be calculated due to high triglycerides and the other components were completed, count the test as a complete lipid profile.

CCS—Cervical Cancer Screening

Description

Percentage of women 21 through 64 years of age who received one or more Pap tests to screen for cervical cancer during the previous 36 months.

Importance of this Measurement

Cervical cancer is one of the leading causes of death in women. Women between the age of 21 and 64 are at a higher risk for cervical cancer. Appropriate screening is required for early identification and treatment. Cancer screening is known to save lives and a marker for high quality healthcare.

Denominator

- Include women who are 21 through 64 years of age.
- Generate reminders beginning at 21½ years of age.

Exclusions/Exceptions

- Exclude patients who have had a hysterectomy with no residual cervix anytime in the patient's history.
- Exclude patients who are not genetically female.
- Exclude patients who the health care provider has indicated is incorrectly identified as a female due to data errors.

Do not exclude patients who have had a:

- Hysterectomy without removal of the cervix.
- Qualifying hysterectomy but have also had a qualifying cervical cancer screening.

Numerator

- Patients with appropriate gynecologic cytology screening (Pap) during the previous 36 months pass this measure.
- Patients who have had a qualifying hysterectomy but have also had a qualifying cervical cancer screening pass this measure.
- Any microscopic analysis of cervical cells is appropriate for cervical cancer screening.
- Inadequate lab samples that do not include a valid result are not appropriate cervical cancer screening tests.
- Biopsies do not qualify as appropriate cervical cancer screening.

CHL—Chlamydia Screening

Description

Percentage of women 16 through 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the previous 13 months.

Importance of this Measurement

Chlamydia is one of the leading causes of sexually transmitted genital infections. This infection is common mainly among sexually active women and men less than 25 years of age. Infections that are not treated typically last longer and are often asymptomatic and, in women, can result in pelvic inflammatory disease. Pelvic inflammatory disease can lead to infertility and abnormal pregnancy.

Denominator

- Include patients who are 16 through 24 years of age.
- Identify patients as being sexually active based on:
  - Prescription contraceptives (oral contraceptives, IUD, diaphragm, or other prescribed contraceptive).
  - Diagnoses or procedures that would indicate the woman as being sexually active.
- Generate reminders beginning at 16½ years of age.

Exclusions/Exceptions

- Exclude patients who have a pregnancy test followed by a drug within seven days that would cause birth defects if pregnant.
- Exclude patients who have a pregnancy test followed by an X-ray within seven days of the pregnancy test.
- Exclude patients who are not genetically female.
- Exclude patients who the health care provider has indicated are incorrectly identified as female due to data errors.
- Exclude patients who the health care provider has identified as not being sexually active.

Numerator

- To accommodate health plan restrictions that prohibit chlamydia screening less than every 12 months, the measurement period was extended to 13 months.
- Patients with a chlamydia screening test during the previous 13 months pass this measure.

CM1—LDL-C Screening for Patients with Cardiovascular Conditions

Description

Percentage of patients 18 through 75 years of age with cardiovascular conditions who during the previous 13-24 month period were discharged with a diagnosis of acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA), or those patients who had a diagnosis of ischemic vascular heart disease (IVD) during both the previous 1–12 and 13–24 month periods who received an LDL-C screening during the previous 12 months.

Importance of this Measurement

High LDL or "bad" cholesterol damages the blood vessels. Regular testing of cholesterol provides important information to your provider to help manage a patient's health.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients who have had an AMI, or a CABG, or a PTCA in the prior 13-24 month period; or a diagnosis of IVD in both the prior 1-12 and 13-24 month periods.
- Generate reminders beginning at 18½ years of age.
- AMI, CABG and PTCA events must occur in the 13-24 month period prior to the as-of date; IVD events or diagnosis must occur in both the 1-12 and 13-24 month periods prior to the as-of date.

Exceptions/Exclusions

- Exclude patients who have been identified as not having the qualifying cardiovascular diseases or events (AMI, CABG, PTCA, or IVD) per the health care provider.

Numerator

- Patients with an LDL-C test during the previous 12 months pass this measure.
- Patients with an LDL-C test result during the measurement period pass this measure.
- LDL-C results can be from automated laboratory data or clinical data from the health care provider.
- If more than one LDL-C test was performed during the measurement period, always use the most recent.

CM3—LDL-C Controlled at <100 mg/dL for Patients with Cardiovascular Conditions

Description

Percentage of patients 18 through 75 years of age with cardiovascular conditions who during the previous 13-24 month period were discharged with a diagnosis of acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), or those patients who had a diagnosis of ischemic vascular heart disease (IVD) during both the previous 1–12 and 13–24 month periods with LDL-C controlled at <100 mg/dL during the previous 12 months.

Importance of this Measurement

High LDL or "bad" cholesterol damages the blood vessels. Controlling LDL cholesterol levels is necessary to avoid complications such as heart disease, stroke, and kidney disease.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients who have had an AMI, or a CABG, or a PTCA in the prior 13-24 month period; or a diagnosis of IVD in both the prior 1-12 and 13-24 month periods.
- Generate reminders beginning at 18½ years of age.
- AMI, CABG and PTCA events must occur in the 13-24 month period prior to the as-of date; IVD events or diagnosis must occur in both the 1-12 and 13-24 month periods prior to the as-of date.

Exceptions/Exclusions

- Exclude patients who have been identified as not having a qualifying cardiovascular diseases or events (AMI, CABG, PTCA, or IVD) per the health care provider.

Numerator

- Patients with an LDL-C result <100 mg/dL during the previous 12 months pass this measure.
- LDL-C results can be from automated laboratory data or clinical data from the health care provider.
- If more than one LDL-C test was performed during the measurement period, always use the most recent.
- A missing LDL-C result indicates the patient is non-compliant for LDL-C control.

COL—Colorectal Cancer Screening

Description

Percentage of adults 50 through 75 years of age who have had appropriate screening for colorectal cancer (fecal occult blood test [FOBT], 13 months; flexible sigmoidoscopy, 5 years; colonoscopy, 10 years).

Importance of this Measurement

Colorectal cancer is one of the leading causes of death. Patients between 50 and 75 years of age are at a higher risk for colorectal cancer. Appropriate screening is required for early identification and treatment.

Denominator

- Include patients who are 50 through 75 years of age.
- Generate reminders beginning at 50½ years of age.

Exclusions/Exceptions

- Exclude patients with a diagnosis of colorectal cancer anytime in the patient's history.
- Exclude patients with a diagnosis of a total colectomy anytime in the patient's history.

Numerator

- To accommodate health plan restrictions that prohibit more than one FOBT every 12 months, the measurement period for an FOBT was extended to 13 months.
- Patients with an FOBT during the previous 13-months pass this measure; or
- Patients with a flexible sigmoidoscopy test during the previous 60 months pass this measure; or
- Patients with a colonoscopy test during the previous 120 months (10 years) pass this measure.
- Digital rectal exams do not count toward this measure.

CWP—Appropriate Testing for Children with Pharyngitis

Description

Percentage of children 2 through 18 years of age diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode during the previous 12 months.

Importance of this Measurement

A child who has a sore throat should be tested for strep before using antibiotics. Inappropriate and unnecessary antibiotic use can cause antibiotic resistance and lead to ineffective treatment for future illnesses.

Denominator

- Include patients 2 through 18 years of age.
- Include patients with an outpatient or emergency department visit with only a diagnosis of pharyngitis; and
- Include patients with a prescription for an appropriate antibiotic on or up to three days after the episode.
- Use the most recent episode during the previous 12 months that meets all the criteria.

Exclusions/Exceptions

- Exclude patients with a dispensed antibiotic within 30 days prior to the episode date.
- Exclude episodes with a competing diagnosis on the day of the pharyngitis diagnosis or within three days after.
- Exclude patients when the provider has indicated a positive strep test was done for a family member. The strep test for the family member has to be done within a seven-day window, from three days prior to the diagnosis, the day of the diagnosis, through three days following the day of the diagnosis.

Numerator

- Patients who have had an appropriate strep test with the associated episode during the previous 12 months pass this measure.
- The strep test has to be done within a seven-day window, from three days prior to the diagnosis, the day of the diagnosis, through three days following the day of the diagnosis.

DC1—HbA1c Testing for Patients with Diabetes

Description

Percentage of patients 18 through 75 years of age with type 1 or type 2 diabetes who had HbA1c testing during the previous 12 months.

Importance of this Measurement

Blood sugar levels give an indication of how a patient's diabetes is being controlled. Either very high or very low blood sugar is harmful to the body. Hemoglobin A1c (HbA1c) levels give a picture of the average blood sugar control in the past two to three months. Most patients with diabetes should have an HbA1c test two or more times a year, depending on the level of control.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients with a diabetic medication of insulin or oral hypoglycemic/antihyperglycemic during the 24 month look-back period; or
- Include patients with a diabetic diagnosis during the 24-month look-back period.
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients with polycystic ovary disease anytime in the patient's history.
- Exclude patients with gestational diabetes or steroid-induced diabetes during the 24-month look-back period.
- Exclude patients who have been identified as not having diabetes per the health care provider.

Numerator

- Patients with an HbA1c test done during the previous 12 months pass this measure.
- Patients with an HbA1c test result during the previous 12 months pass this measure.
- HbA1c results can be from automated laboratory data or clinical data from the health care provider.
- If more than one HbA1c test was performed in the measurement period, always use the most recent.

DC2—HbA1c Controlled at ≤9% for Patients with Diabetes

Description

Percentage of patients 18 through 75 years of age with type 1 or type 2 diabetes with HbA1c controlled at ≤9% on their most recent HbA1c testing during the previous 12 months.

Importance of this Measurement

Either very high or very low blood sugar is harmful to the body. Controlling blood sugar levels is important to avoid complications like blindness, loss of limbs, or stroke. Making healthy food choices, staying active, and finding healthy ways to cope with stress all help to control blood sugar levels.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients with a diabetic medication of insulin or oral hypoglycemic/antihyperglycemic during the 24 month look-back period; or
- Include patients with a diabetic diagnosis during the 24-month look-back period.
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients with polycystic ovary disease anytime in the patient's history.
- Exclude patients with gestational diabetes or steroid-induced diabetes during the 24-month look-back period.
- Exclude patients who have been identified as not having diabetes per the health care provider.

Numerator

- Patients with an HbA1c test result ≤9% during the previous 12 months pass this measure.
- HbA1c results can be from automated laboratory data or clinical data from the health care provider.
- If more than one HbA1c test was performed during the measurement period, always use the most recent.
- A missing HbA1c result indicates the patient is non-compliant for HbA1c control.

DC3—LDL-C Testing for Patients with Diabetes

Description

Percentage of patients 18 through 75 years of age with type 1 or type 2 diabetes who had LDL-C testing during the previous 12 months.

Importance of this Measurement

High LDL or "bad" cholesterol damages the blood vessels. Regular testing of cholesterol provides important information to your provider to help manage patient's health.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients with a diabetic medication of insulin or oral hypoglycemic/antihyperglycemic during the 24 month look-back period; or
- Include patients with a diabetic diagnosis during the 24-month look-back period.
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients with polycystic ovary disease anytime in the patient's history.
- Exclude patients with gestational diabetes or steroid-induced diabetes during the 24-month look-back period.
- Exclude patients who have been identified as not having diabetes per the health care provider.

Numerator

- Patients with an LDL-C test done during the previous 12 months pass this measure.
- Patients with an LDL-C test result during the previous 12 months pass this measure.
- LDL-C results can be from automated laboratory data or clinical data from the health care provider.
- If more than one LDL-C test was performed during the measurement period, always use the most recent.

DC5—LDL-C Controlled at <100 mg/dL for Patients with Diabetes

Description

Percentage of patients 18 through 75 years of age with type 1 or type 2 diabetes with LDL-C controlled at <100 mg/dL during the previous 12 months.

Importance of this Measurement

High LDL or "bad" cholesterol damages the blood vessels. Controlling LDL cholesterol levels is necessary to avoid complications such as heart disease, stroke, and kidney disease.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients with a diabetic medication of insulin or oral hypoglycemic/antihyperglycemic during the 24 month look-back period; or
- Include patients with a diabetic diagnosis during the 24-month look-back period with:
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients with polycystic ovary disease anytime in the patient's history.
- Exclude patients with gestational diabetes or steroid-induced diabetes during the 24-month look-back period.
- Exclude patients who have been identified as not having diabetes per the health care provider.

Numerator

- Patients with an LDL-C result <100 mg/dL during the previous 12 months pass this measure.
- LDL-C results can be from automated laboratory data or clinical data from the health care provider.
- If more than one LDL-C test was performed during the measurement period, always use the most recent.
- A missing LDL-C result indicates the patient is non-compliant for LDL-C control.

DC6—Kidney Disease Monitored for Patients with Diabetes

Description

Percentage of patients 18 through 75 years of age with type 1 or type 2 diabetes who were monitored for kidney disease (nephropathy) during the previous 12 months.

Importance of this Measurement

Patients with diabetes are at a high risk for kidney damage or failure. It is important to monitor kidney functions or have patients on medications that prevent diabetics from progressing to kidney damage or failure.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients with a diabetic medication of insulin or oral hypoglycemic/antihyperglycemic during the 24 month look-back period; or
- Include patients with a diabetic diagnosis during the 24-month look-back period.
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients with polycystic ovary disease anytime in the patient's history.
- Exclude patients with gestational diabetes or steroid-induced diabetes during the 24-month look-back period.
- Exclude patients who have been identified as not having diabetes per the health care provider.

Numerator

- Patients with a microalbumin test during the previous 12 months pass this measure; and/or
- Patients with evidence of treatment for nephropathy during the previous 12 months pass this measure; and/or
- Patients with a nephrologist visit during the previous 12 months pass this measure; and/or
- Patients with a positive urine macroalbumin test during the previous 12 months pass this measures; and/or
- Patients with evidence of an ACE inhibitor or ARB medication during the previous 12 months pass this measure.

DC7—Retinal Eye Exam for Patients with Diabetes

Description

Percentage of patients 18 through 75 years of age with type 1 or type 2 diabetes who had a retinal eye exam during the previous 12 months, or a negative retinal eye exam during the previous 24 months.

Importance of this Measurement

In adults between 20 and 74 years of age, diabetes is the leading cause of blindness. Routine eye examination is necessary in order to identify and prevent advanced retinal damage and severe vision loss. This measure aids in preventing diabetes-related eye damage with early detection.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients with a diabetic medication of insulin or oral hypoglycemic/antihyperglycemic during the 24 month look-back period; or
- Include patients with a diabetic diagnosis during the 24-month look-back period.
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients with polycystic ovary disease anytime in the patient's history.
- Exclude patients with gestational diabetes or steroid-induced diabetes during the 24-month look-back period.
- Exclude patients who have been identified as not having diabetes per the health care provider.

Numerator

- Patients with a retinal eye exam during the previous 12 months pass this measure; and/or
- Patients with a negative retinal eye exam during previous 24 months pass this measure.

DC9—HbA1c Controlled at <8% for Patients with Diabetes

Description

Percentage of patients 18 through 75 years of age with type 1 or type 2 diabetes with HbA1c controlled at <8% on their most recent HbA1c testing during the previous 12 months.

Importance of this Measurement

Either very high or very low blood sugar is harmful to the body. Controlling blood sugar levels is important to avoid complications like blindness, loss of limbs, or stroke. Making healthy food choices, staying active, and finding healthy ways to cope with stress all help to control blood sugar levels.

Denominator

- Include patients who are 18 through 75 years of age.
- Include patients with a diabetic medication of insulin or oral hypoglycemic/antihyperglycemic during the 24 month look-back period; or
- Include patients with a diabetic diagnosis during the 24-month look-back period.
- Generate reminders beginning at 18½ years of age.

Exclusions/Exceptions

- Exclude patients with polycystic ovary disease anytime in the patient's history.
- Exclude patients with gestational diabetes or steroid-induced diabetes during the 24-month look-back period.
- Exclude patients who have been identified as not having diabetes per the health care provider.

Numerator

- Patients with an HbA1c test result <8% during the previous 12 months pass this measure.
- HbA1c results can be from automated laboratory data or clinical data from the physician.
- If more than one HbA1c test was performed in the measurement period, always use the most recent.
- A missing HbA1c result indicates the patient is non-compliant for HbA1c control.

LBP—Use of Imaging Studies for Low Back Pain

Description

Percentage of patients 18 through 50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis during the previous 12 months.

Importance of this Measurement

Most patients with a new backache or low back pain will get better with or without treatment, usually within a few days. Imaging studies like X-rays, MRIs or CT scans seldom provide valuable information that alters the treatment plan and should be avoided.

Denominator

- Include patients 18 through 50 years of age.
- Include patients whose diagnosis of low back pain is from an office or emergency department visit.
- Since episodes cannot be measured for 28 days, the measurement period is months 2–13 rather than 1–12.

Exclusions/Exceptions

- Exclude patients with a diagnosis code of low back pain within 180 days prior to the episode date.
- Exclude patients with a diagnosis of cancer as far back as possible in the patient's history.
- Exclude patients with a diagnosis code of trauma, IV drug abuse, or neurologic impairment within 12 months prior to the episode date.
- Exclude episodes with an imaging study without a valid low back pain diagnosis code from an office or emergency department visit.

Numerator

- Patients who did not receive an inappropriate imaging study on or within 28 days of the associated episode date during the previous 12 months pass this measure.

URI—Appropriate Treatment for Children with Upper Respiratory Infection

Description

Percentage of children 3 months through 18 years of age with a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or within three days after the episode date during the previous 12 months.

Importance of this Measurement

Children and adolescents often catch colds that are typically caused by a virus. Antibiotics do not work for viruses and not needed in most cases. Inappropriate and unnecessary antibiotic use can cause antibiotic resistance and lead to ineffective treatment for future illnesses.

Denominator

- Include patients 3 months through 18 years of age.
- Include patients who had an outpatient or emergency department visit with only a diagnosis of upper respiratory infection.
- Use the most recent episode during the previous 12 months that meets all the criteria.

Exclusions/Exceptions

- Exclude patients with a dispensed antibiotic within 30 days prior to the episode date.
- Exclude episodes with a competing diagnosis on the day of the upper respiratory infection diagnosis or within three days after.

Numerator

- Patients who were not dispensed an antibiotic on or within three days after the associated episode date during the previous 12 months pass this measure.

W15—Well-Baby Visits

Description

Percentage of babies 15 months old during the previous 12 months who had six or more well-baby visits with a primary care provider during their first 15 months of life.

Importance of this Measurement

Routine monitoring of a baby's growth and development is needed for the provider to assess progress and give age-specific advice to the parents or guardian. Each visit provides an opportunity to focus on the baby and discuss ways to promote the baby's health and wellness at different stages of development.

Denominator

- Include patients 15 months old.
- Generate reminders monthly as appropriate for all remaining well-baby visits due.

Numerator

- Patients who have received at least six distinct well-baby visits by their 15 month-old birthday during the previous 12 months pass this measure.
- Since the measure is for infants 15 month old, measurement will be done at patient's 15-month birthday.
- Well-baby visits must be documented in the patient record and include evidence of (a) health and developmental history (physical and mental), (b) a physical exam, and (c) health education/anticipatory guidance.
- Do not include services rendered during an inpatient or emergency department visit.

W34—Well-Child Visits

Description

Percentage of children who are three, four, five, or six years of age during the previous 12 months who have received one or more well-child visits with a primary care practitioner.

Importance of this Measurement

Children between three and six years of age should have at least one well-child visit each year. A well-child visit is important for the provider to assess growth and development and give the parents or guardian specific advice about the child at different stages of life, offering information, assistance, and/or intervention.

Denominator

- Include patients who are 3 through 6 years of age.
- There are no exclusions or exceptions for this measure.
- Generate reminders beginning at 3½ years of age.

Numerator

- Patients with an appropriate well-child visit during the previous 12 months pass this measure.
- Well-child visits must be documented in the patient record and include evidence of (a) health and developmental history (physical and mental), (b) a physical exam, and (c) health education/anticipatory guidance.
- Visits to school-based clinics with practitioner types that would be considered as primary care practitioners may be counted if documentation that a well-child exam occurred is available in the medical record or administrative system.
- Services that occur over multiple visits may count toward this measure as long as all services occur within the time frame established for the measure.
- Do not include services rendered during an inpatient or emergency department visit.