2019 National Healthcare Quality and Disparities Report

Measure Specifications

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857
www.ahrq.gov

December 2020
www.ahrq.gov/research/findings/nhqrdr/index.html
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Introduction

This document briefly describes the definitions of the 2019 National Healthcare Quality and Disparities Report measures that are posted on the NHQDR website at https://nhqrnet.ahrq.gov/nhqdr. The descriptions for each measure include a measure title, a measure source, data source, data tables supporting the measure, definitions of numerator and denominator, and other comments. The measures are organized by chapters, followed by sections and subsections based on the NHQDR Measure List. In addition, each measure available from the Data Query page on the website links to the measure specification.

The specifications are based on information from the source data system websites or from the NHQDR source data contributing agencies and organizations.

Chapter 2. Access to Care

2.1 Getting Appointments for Care

MEASURE ID: MEPS_16, 20101011

Measure Title: Adults who had an appointment for routine health care in the last 12 months who sometimes or never got an appointment for routine care as soon as needed

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who made an appointment for regular or routine health care in the past 12 months and had a valid response to the question, "In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?"

Numerator: Subset of the denominator who answered "Sometimes" or "Never"

Comments: National Table Descriptions report data from the MEPS Self-Administered Questionnaire (SAQ).
MEASURE ID: MEPS_17, 20101021

Measure Title: Children who had an appointment for routine health care in the last 12 months who sometimes or never got an appointment for routine care as soon as needed

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 18 who had an appointment for regular or routine health care in the past 12 months and with a valid response to the question "In the last 12 months, how often did [the person] get an appointment for regular or routine health care as soon as you wanted?"

Numerator: Subset of the denominator who, according to their parents or guardians, answered the above question "Sometimes" or "Never"

Comments: Data are from the MEPS Child Health section. The MEPS entry in the Data Sources appendix -- [http://www.ahrq.gov/research/data/dataresources/index.html](http://www.ahrq.gov/research/data/dataresources/index.html) -- has more information.

Nonrespondents and "Don't Know" responses were excluded.

MEASURE ID: MEPS_18, 20101031

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as needed

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2002 to 2017
Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

**Data Sources:** AHRQ, CFAC, MEPS

**Denominator:** U.S. civilian noninstitutionalized adults age 18 and over who in the past 12 months had an illness or injury who needed care right away and had a valid response to the question, "In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?"

**Numerator:** Subset of the denominator who responded "Sometimes" or "Never" to the above question

**Comments:** Nonrespondents and "Don't Know" responses were excluded.

### 2.2 Waiting Time

**MEASURE ID:** HHCAHPS_16, 20201021

**Measure Title:** Adults who reported getting the help or advice they needed the same day they contacted their home health provider

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "When you contacted this agency's office, how long did it take for you to get the help or advice you needed?", excluding non-respondents and respondents indicating "did not contact this agency".

**Numerator:** Subset of the denominator who responded "same day" to the above question

**MEASURE ID:** 20201031

**Measure Title:** Emergency department visits triaged as immediate or emergent at which patients waited to see a physician for one hour or more per 10,000 population
**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

**Table Descriptions:**

Geographic Representation: National


Population Subgroups: Age, sex, race/ethnicity, geographic location (residence)

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

**Denominator:** Number of visits to emergency departments where the patient disposition status was triaged as immediate or emergent

**Numerator:** Number of visits which patients waited to see a physician for one hour or more among the population represented by the denominator

**MEASURE ID: 20201041**

**Measure Title:** Emergency department visits triaged as urgent at which patients waited to see a physician for one hour or more, per 10,000 population

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

**Table Descriptions:**

Geographic Representation: National


Population Subgroups: Age, sex, race/ethnicity, geographic location (residence)

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

**Denominator:** Number of visits to emergency departments where the patient disposition status was triaged as urgent

**Numerator:** Number of visits which patients waited to see a physician for one hour or more among the population represented by the denominator
MEASURE ID: NHAMCS_10, 20201051

**Measure Title:** Emergency department visits where the patient was transferred or admitted to the hospital and length of visit was six hours or more per 10,000 population

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

**Table Descriptions:**

Geographic Representation: National


Population Subgroups: Age, sex, race/ethnicity, location (hospital), insurance

**Data Sources:** National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

**Denominator:** Number of visits to emergency departments where the patient disposition status was listed as transferred or admitted

**Numerator:** Number of visits for which the length of visit was six hours or more among the population represented by the denominator

MEASURE ID: 20201061

**Measure Title:** Median time in minutes spent in the emergency department (ED) from ED arrival to ED departure for admitted patients

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2016-2017

Population Subgroups: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Inpatient Quality Reporting (Hospital IQR) Program
**Denominator:** The sample includes all emergency department (ED) visits where the patients were then admitted to the facility, excluding patients with missing values of ED arrival date and time, or ED departure date and time

**Numerator:** Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to ED departure for patients admitted to the facility

**Comments:** This measure is referred as ED-1B (reporting measure) by the HIQR program. The estimate was not risk adjusted.

This is CMS measure “ED-1B” as described in “Emergency Department (ED) National Hospital Inpatient Quality Measures.” Further information on this measure and other measures can be found from [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228760666430](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228760666430)

**MEASURE ID: 20201071**

**Measure Title:** Median time in minutes spent in the emergency department (ED) from admission decision to ED departure for admitted patients

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

**Table Descriptions:**

- Geographic Representation: National, State
- Years Available: 2016-2017
- Population Subgroups: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Inpatient Quality Reporting (Hospital IQR) Program

**Denominator:** The sample includes all emergency department (ED) visits where the patients were then admitted to the facility, excluding patients with missing values of admission decision date and time, or ED departure date and time

**Numerator:** Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from the time the admission decision was made to the time of ED departure for patients admitted to the facility

**Comments:** This measure is referred as ED-2B (reporting measure) by the HIQR program.
This is CMS measure “ED-2B” as described in “Emergency Department (ED) National Hospital Inpatient Quality Measures.” Further information on this measure and other measures can be found from https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQualityNetTier3&cid=1228760666430

**MEASURE ID: 20201081**

**Measure Title:** Median time in minutes patients spent at emergency department (ED) from ED arrival to ED departure

**Measure Source:** Centers for Medicare & Medicaid Services (CMS) Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

**Table Descriptions:**

- **Geographic Representation:** National, State
- **Years Available:** 2016-2017
- **Population Characteristics:** Age, gender, race, ethnicity
- **Data Sources:** CMS, Hospital Quality Initiative, Hospital outpatient Quality Reporting (HOQR) Program
- **Denominator:** The sample includes all emergency department (ED) visits, excluding patients with missing values of ED arrival date and time, or ED departure date and time.
- **Numerator:** Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to ED departure for patients discharged from the emergency department.
- **Comments:** This measure is referred as OP-18B by the HOQR program. More information is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html.

**MEASURE ID: 20201091**

**Measure Title:** Median time in minutes patients spent in the emergency department before they were seen by a healthcare professional

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program
Table Descriptions:

Geographic Representation: National, State

Years Available: 2016-2017

Population Characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting (HOQR) Program

Denominator: The sample includes all emergency department (ED) visits, excluding patients with missing values of ED arrival date and time, or the time they were seen by a healthcare professional

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the patients were seen by a healthcare professional

Comments: This measure is referred as OP-20 by the HOQR program. More information is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html.

MEASURE ID: 20201101

Measure Title: Median time in minutes patients who came to the emergency department with broken bones had to wait before getting pain medication

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic Representation: National, State

Years Available: 2016-2017

Population Characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting (HOQR) Program

Denominator: The sample includes emergency department (ED) visits where patients with broken bone, excluding patients with missing values of ED arrival date and time, or the time they received pain medication
**Numerator:** Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the patients received pain medication.

**Comments:** This measure is referred as OP-21 by the HOQR program. More information is available at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html).

**MEASURE ID:** 20201111

**Measure Title:** Median time in minutes patients with psychiatric or mental health conditions spent at emergency department (ED) from ED arrival to ED departure

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2016-2017

Population Characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting (HOQR) Program

**Denominator:** The sample includes emergency department (ED) visits where patients with patients with psychiatric or mental health conditions, excluding patients with missing values of ED arrival time, or ED departure time

**Numerator:** Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to ED departure

**Comments:** This measure is referred as OP-18C by the HOQR program. More information is available at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html).

**2.3 Health Insurance**

**MEASURE ID:** NHIS_15, 20501031

**Measure Title:** People under age 65 with health insurance

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)
Table Descriptions:

Geographic Representation: National

Years Available: 2000-2018

Population Subgroups: Activity limitations, age, education, geographic location (residence), income, race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the Denominator: who reported coverage by any type of public or private health insurance

Comments: This measure is referred to as measure AHS-1.1 in Healthy People 2020 documentation. Persons with Indian Health Service coverage only are considered to have no coverage.

MEASURE ID: NHIS_17, 20501051

Measure Title: People under age 65 with any private health insurance

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)
MEASURE ID: NHIS_18, 20501061

Measure Title: Adults age 65 and over with any private health insurance

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic Representation: National

Years Available: 2000-2018

Population Subgroups: Activity limitation, education, geographic location (residence), income, race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Denominator: U.S. civilian noninstitutionalized population age 65 and over

Numerator: Subset of the Denominator: who reported coverage by any private health insurance

MEASURE ID: MEPS_40, 20501071

Measure Title: People under age 65 who were uninsured all year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, ethnicity, gender, family income, perceived health status, language spoken at home, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator who reported no private or public health insurance coverage at any time during the year
**Comments:** People who are "full-year uninsured" include those whose number of uninsured months is equal to the number of available months in MEPS.

**MEASURE ID: MEPS_41, 20501081**

**Measure Title:** People under age 65 with any period of uninsurance during the year

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, race, residence location, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population under age 65

**Numerator:** Subset of the denominator who reported they had no public or private health insurance coverage at any month during the year

**MEASURE ID: NHIS_22, 20501091**

**Measure Title:** People under age 65 without health insurance

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2010-2018

Population Subgroups: Activity limitation, age, education, race/ethnicity, geographic location (residence), income, race/ethnicity, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator:** Number of people under age 65 without health insurance
**Numerator:** Subset of the Denominator: who reported they were without insurance

**Comments:** Estimates are not age adjusted.

**MEASURE ID:** NHIS_16, 20501101

**Measure Title:** People under age 65 with public health insurance only

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2000-2018

Population Subgroups: Activity limitation, age, education, geographic location (residence), income, race/ethnicity, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator:** U.S. civilian noninstitutionalized population under age 65

**Numerator:** Subset of the Denominator: who reported only being covered by public health insurance

**Comments:** Public insurance includes Medicare, Medicaid, and other public programs that provide hospital and/or physician coverage.

**MEASURE ID:** 20501111

**Measure Title:** People under age 65 with any period of public insurance during the year

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, race, residence location, U.S. born
**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population under age 65

**Numerator:** Subset of the denominator who reported they had public health insurance coverage some time during the year

**Comments:** Public insurance includes Medicare, Medicaid, and other public programs that provide hospital and/or physician coverage.

**MEASURE ID:** 20501121

**Measure Title:** People under age 65 with any period of dental insurance during the year

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2006 to 2017

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born.

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population under age 65

**Numerator:** Subset of the denominator who reported they had dental insurance coverage at any month during the year

**MEASURE ID:** 20501131

**Measure Title:** Adults age 65 and over with any Medicare advantage health insurance

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2018
Population Subgroups: Activity limitation, education, geographic location (residence), income, race, ethnicity, sex, and health insurance coverage

**Data Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator:** U.S. civilian noninstitutionalized population age 65 and over

**Numerator:** Subset of the Denominator: who reported being covered by Medicare Advantage/Medicare Plus Choice plans.

**MEASURE ID:** 20501141

**Measure Title:** Adults age 65 and over with dual eligible health insurance

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2018

Population Subgroups: Activity limitation, education, geographic location (residence), income, race, ethnicity, sex, and health insurance coverage

**Data Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator:** U.S. civilian noninstitutionalized population age 65 and over

**Numerator:** Subset of the Denominator: who reported being covered by with dual eligible health insurance.

**Comments:** Some Medicaid enrollees may be enrolled in both Medicaid and Medicare, and are referred to as dual eligible beneficiaries, or simply “dual eligibles.”
2.4 Usual Source of Care

MEASURE ID: NHIS_19, 20601011

Measure Title: People with a specific source of ongoing care

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National

Years Available: 2009-2018

Population Subgroups: Activity limitation, age, education, geographic location (residence), income, race/ethnicity, sex

Data Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Denominator: U.S. civilian noninstitutionalized population

Numerator: Subset of the Denominator: who reported having a specific source of primary care

Comments: A specific source of primary care includes urgent care/walk-in clinic, doctor's office, clinic, health center facility, hospital outpatient clinic, health maintenance or preferred provider organization, military or other Veterans Affairs health care facility, or some other place. A hospital emergency room is not included as a specific source of primary care.

This measure is referred to as measure AHS-5.1 in Healthy People 2020 documentation.

MEASURE ID: MEPS_46, 20601021

Measure Title: People with a usual primary care provider

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born
**Data Source:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population

**Numerator:** Subset of the denominator who have a usual primary care provider

**Comments:** A person is determined to have had a primary care provider if his or her usual source of care setting was either a physician's office or a hospital (setting other than an emergency room), and he or she reported going to this usual source of care for new health problems, preventive health services, and referrals.

**MEASURE ID:** NHIS_20, 20601041

**Measure Title:** People in fair or poor health with a specific source of ongoing care

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

- Geographic Representation: National
- Years Available: 2009-2018
- Population Subgroups: Activity limitation, age, education, geographic location (residence), income, race/ethnicity, sex

**Data Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator:** Number of people who reported being in fair or poor health

**Numerator:** Subset of the Denominator: who reported having a specific source of ongoing care

**Comments:** A specific source of ongoing care includes urgent care/walk-in clinic, doctor's office, clinic, health center facility, hospital outpatient clinic, health maintenance or preferred provider organization, military or other Veterans Affairs health care facilities, or some other place. A hospital emergency room is not included as a specific source of ongoing care.

Estimates are not age adjusted.

**MEASURE ID:** NHIS_21, 20601051

**Measure Title:** People who identified a hospital, emergency room, or clinic as a source of ongoing care
**Measure Source**: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions**:

Geographic Representation: National

Years Available: 2009-2018

Population Subgroups: Activity limitation, age, education, geographic location (residence), income, race/ethnicity, sex

**Data Source**: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator**: U.S. civilian noninstitutionalized population

**Numerator**: Subset of the Denominator: who reported a hospital, emergency room, or clinic as their source of primary care

**Comments**: Estimates are not age adjusted.

### 2.5 Patient Perceptions of Need

**MEASURE ID**: MEPS_70, 20701011

**Measure Title**: People unable to get or delayed in getting medical care, dental care, or prescription medications

**Measure Source**: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions**:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

**Data Source**: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Denominator**: U.S. civilian noninstitutionalized population
**Numerator**: Subset of the denominator who indicated difficulties or delays in obtaining medical care, dental care, or prescription medications

**MEASURE ID**: MEPS_51, 20701021

**Measure Title**: People unable to get or delayed in getting medical care in the last 12 months

**Measure Source**: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions**:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Source**: AHRQ, CFACT, MEPS

**Denominator**: U.S. civilian noninstitutionalized population

**Numerator**: Subset of the denominator who did not receive or delayed receiving needed medical care in the last 12 months

**MEASURE ID**: MEPS_52, 20701031

**Measure Title**: People unable to get or delayed in getting dental care in the last 12 months

**Measure Source**: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions**:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Source**: AHRQ, CFACT, MEPS

**Denominator**: U.S. civilian noninstitutionalized population
**Numerator:** Subset of the denominator who did not receive or delayed receiving needed dental care in the last 12 months

**MEASURE ID:** MEPS_53, 20701041

**Measure Title:** People unable to get or delayed in getting prescription medicine in the last 12 months

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Source:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population

**Numerator:** Subset of the denominator who did not receive or delayed receiving needed prescription medicine in last 12 months

**MEASURE ID:** MEPS_54, 20701051

**Measure Title:** People with a usual source of care, excluding hospital emergency rooms, whose care source has office hours at night or on weekends

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Source:** AHRQ, CFACT, MEPS
**Denominator:** U.S. civilian noninstitutionalized population who reported having a usual source of care

**Numerator:** Subset of the denominator who reported that their provider has night or weekend office hours

**MEASURE ID:** MEPS_55, 20701061

**Measure Title:** People with difficulty contacting their usual source of care during regular business hours over the telephone about a health problem

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

- Geographic Representation: National
- Years Available: 2002-2017
- Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Source:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population who report having a usual source of care

**Numerator:** Subset of the denominator who reported that they have difficulty contacting their provider over the telephone during regular business hours

**MEASURE ID:** MEPS_56, 20701071

**Measure Title:** Adults who tried to make an appointment for seeing a specialist in the last 12 months who sometimes or never found it easy to get the appointment

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

- Geographic Representation: National
- Years Available: National: 2008 to 2017
Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

**Data Source:** National: AHRQ, CFAC,T, MEPS

**Denominator:** U.S. civilian noninstitutionalized age 18 and over who reported that, during the previous 12 months, they made or tried to make an appointment for a specialist

**Numerator:** Subset of the denominator who reported problems getting a referral to a specialist in the past year

**Comments:** Table Descriptions report data from the MEPS Self-Administered Questionnaire (SAQ). The measure title was changed slightly since the 2017 data. It was “Adults who needed to see a specialist in the last 12 months who sometimes or never found it easy to see a specialist” for the 2008-2016 data. The source variable for the adults or their doctors thought they needed to see a specialist was not available in the 2017 MEPS data. The variable which indicates adults made or tried to make an appointment for a specialist was used to subset the denominator.

**MEASURE ID:** MEPS_58, 20701081

**Measure Title:** Children who needed to see a specialist in the last 12 months who sometimes or never found it easy to see a specialist

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2008 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Source:** AHRQ, CFAC,T, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 whose parents reported that, during the previous 12 months, they or a doctor thought they needed to see a specialist

**Numerator:** Subset of the denominator whose parent reported problems getting a referral to a specialist in the past year.
MEASURE ID: MEPS_59, 20701091

Measure Title: Adults who needed care, tests, or treatments in the last 12 months who sometimes or never found it easy to get the care, tests, or treatments

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National


Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: National: National: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults (age 18 and over) who needed care, tests, or treatments in the last 12 months

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatments in the last 12 months

Comments: Data were obtained from the MEPS Self-Administered Questionnaire (SAQ). The 2017 data are not available because the source variable was dropped from the survey.

MEASURE ID: MEPS_60, 20701101

Measure Title: Children who needed care, tests, or treatments in the last 12 months who sometimes or never found it easy to get the care, tests, or treatments

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2008 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born
**Data Source:** National: National: AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who needed care, tests, or treatments in the last 12 months

**Numerator:** Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatments in the last 12 months

**Chapter 3. Patient Safety**

3.1 Healthcare-Associated Infections

**MEASURE ID:** HCUP_1, 30101011

**Measure Title:** Postoperative sepsis per 1,000 elective-surgery admissions of length 4 or more days, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

**Data Source:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All elective hospital surgical discharges among people age 18 or over with a length of stay of 4 or more days

**Numerator:** Subset of the denominator with any secondary diagnosis of sepsis

**Comments:** The AHRQ PSI software requires that the sepsis be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: MPSMS_1, 30101021

Measure Title: Hospitalized patients who develop catheter-associated urinary tract infections (CAUTIs)

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS): In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ)

Table Descriptions:

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Source: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program, MPSMS

Denominator: All patients from the MPSMS sample with documented placement of a urinary catheter
**Numerator:** A subset of the denominator with the diagnosis and treatment of a catheter-associated urinary tract infection

**Comments:** Beginning with the 2004 MPSMS data, the "Post-operative UTI" measure was discontinued, and the "Catheter-Associated Urinary Tract Infection" measure was implemented in its place. MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample.

**MEASURE ID: HCUP_2, 30101031**

**Measure Title:** Admissions with central venous catheter-related bloodstream infection per 1,000 medical and surgical discharges of length 2 or more days, age 18 and over or obstetric admissions

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital

**Data Source:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All medical and surgical hospital discharges or obstetric admissions, age 18 and over

**Numerator:** Subset of the denominator with any secondary diagnosis of infection

**Comments:** The AHRQ PSI software requires that the central venous catheter-related bloodstream infection be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

3.2 Surgical Care

**MEASURE ID: MPSMS_4, 30201011**

**Measure Title:** A composite measure of hospitalized adult surgical patients who experience postoperative pneumonia or a venous thromboembolic event(s)

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Source:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients from the MPSMS sample who had one or more of certain major surgical procedures identified as part of the SCIP during the index hospital stay
**Numerator:** A subset of the denominator with a diagnosed pulmonary embolism (PE) or deep vein thrombosis (DVT) during the index hospital stay

**Comments:** MPSMS data were abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_3, 30201021**

**Measure Title:** Hospitalized adult major surgical patients who develop postoperative pneumonia

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Source:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients from the MPSMS sample who had at least one of the selected major surgical procedures identified as part of the SCIP and did not have pneumonia prior to the procedure

**Numerator:** A subset of the denominator with a diagnosis of and treatment for postoperative pneumonia

**Comments:** MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_2, 30201031**

**Measure Title:** Hospitalized adult surgical patients who experience postoperative pneumonia or a thromboembolic venous event(s)
**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Source:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients from the MPSMS sample who had at least one of the selected major surgical procedures identified as part of the SCIP and did not have pneumonia or venous thromboembolic event(s) prior to the procedure

**Numerator:** A subset of the denominator who developed postoperative pneumonia or venous thromboembolic event(s)

**Comments:** MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID:** HCUP_3, 30201041

**Measure Title:** Postoperative hemorrhage or hematoma with surgical drainage or evacuation per 1,000 surgical hospital discharges, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital
Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Inpatient hospital surgical discharges age 18 and over, excluding obstetric

Population Measure: U.S. resident population age 18 and over

Numerator: Subset of the denominator with a secondary diagnosis indicating postoperative hemorrhage or postoperative hematoma

Comments: The AHRQ PSI software requires that the hemorrhage or hematoma complicating procedure be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (unadjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_4, 30201051

Measure Title: Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) per 1,000 surgical hospital discharges
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Inpatient hospital surgical discharges age 18 and over, excluding patients admitted for deep vein thrombosis (DVT) or pulmonary embolism (PE), obstetric admissions, and patients with secondary procedures for interruption of vena cava before or after surgery or as the only procedure

**Numerator:** Subset of the denominator with any secondary diagnosis of PE or DVT

**Comments:** The AHRQ PSI software requires that the PE or DVT be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-
term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_5, 30201061**

**Measure Title:** Postoperative respiratory failure per 1,000 elective surgical hospital discharges, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All elective hospital surgical discharges (age 18 and over), excluding patients with respiratory disease, circulatory disease, neuromuscular disorders, obstetric conditions, and secondary procedure of tracheostomy before or after surgery or as the only procedure

**Numerator:** Subset of the denominator with any secondary diagnosis of acute respiratory failure or reintubation procedure at specific postoperative intervals

**Comments:** The AHRQ PSI software requires that respiratory failure be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core
set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_6, 30201081**

**Measure Title:** Postoperative acute kidney injury requiring dialysis per 1,000 elective surgical hospital discharges

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Organization, Delivery, and Markets (CDOM), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All elective hospital surgical discharges for people age 18 and over, excluding those with selected serious diseases and obstetric admissions
**Numerator:** Subset of the denominator with any secondary diagnosis indicating postoperative acute kidney injury; discharges with acute renal failure must be accompanied by a procedure code for dialysis.

**Comments:** The AHRQ PSI software requires that the postoperative acute kidney injury be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_7, 30201091**

**Measure Title:** Postoperative hip fractures per 1,000 surgical admissions who were not susceptible to falling, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National
Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Inpatient hospital surgical discharges, age 18 and over, who were not susceptible to falling

Numerator: Subset of the denominator with any secondary diagnosis indicating hip fracture

Comments: The AHRQ PSI software requires that the hip fracture be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

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For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).
MEASURE ID: HCUP_8, 30201101

Measure Title: Reclosure of postoperative abdominal wound dehiscence per 1,000 abdominopelvic-surgery admissions of length 2 or more days, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Inpatient hospital surgical (abdominopelvic surgery with a length of stay of 2 or more days) discharges age 18 and over, excluding obstetric admissions

Numerator: Subset of the denominator with a secondary procedure indicating reclosure of postoperative disruption of abdominal wall

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that
failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to
the universe of community hospitals in the United States, excluding rehabilitation and long-
term acute care facilities. In data year 2017, the nationally weighted analysis file includes data
from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the
HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data

**MEASURE ID: MPSMS_5, 30201111**

**Measure Title:** Hospitalized adult patients who develop postoperative adverse events
associated with hip joint replacement due to degenerative conditions

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary
artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS
Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients in the MPSMS sample who had a surgical procedure performed
(defined by procedure code 81.51 in ICD9 or corresponding ICD10 codes) to replace a hip joint
due to degenerative conditions

**Numerator:** A subset of the denominator who experienced at least one of the following:

- Postoperative infection (acute or early deep), dehiscence, necrosis, hematoma, nerve
  injury, major bleeding, dislocation, cardiovascular complications, catheter-associated
  urinary tract infection or pneumonia.
- Return to operating room after procedure (excludes same side revision).
- Revision during the index hospital stay (same side as index procedure).
- Periprosthetic fracture.
- Postoperative venous thromboembolic event during hospital stay.

**Comments:** Postoperative infections are determined by documentation of early prosthetic joint
or wound infection or acute and early deep hip infection, excluding superficial infection. Wound
complications other than infection include dehiscence, hematoma, and necrosis. Cardiovascular
complications include myocardial infarction, congestive heart failure, and arrhythmia requiring
treatment. MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_6, 30201121**

**Measure Title:** Hospitalized adult surgical patients who develop postoperative adverse events associated with hip joint replacement due to fracture

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** Patients in the MPSMS sample who had a surgical procedure performed (defined by procedure code 81.52 in ICD9 or corresponding ICD 10 codes) to replace a fractured hip joint

**Numerator:** Subset of the denominator who experienced at least one of the following:

- Postoperative infections (acute or early deep), dehiscence, necrosis, hematoma, nerve injury, major bleeding, dislocation, cardiovascular complications, catheter-associated urinary tract infection or pneumonia.

- Return to operating room after procedure (excludes same side revision).

- Revision during the index hospital stay (same side as index procedure).

- Periprosthetic fracture.

- Postoperative venous thromboembolic event during hospital stay.

**Comments:** Postoperative infections are determined by documentation of early prosthetic joint or wound infection or acute and early deep hip infection, excluding superficial infection. Wound complications other than infection include dehiscence, hematoma, and necrosis.
Cardiovascular complications include myocardial infarction, congestive heart failure, and arrhythmia requiring treatment.

MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_7, 30201131**

**Measure Title:** Hospitalized adult surgical patients who develop postoperative adverse events associated with hip joint replacement due to fracture or degenerative conditions

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients in the MPSMS sample who had a surgical procedure performed to replace a hip joint due to degenerative conditions (defined by procedure code 81.51 in ICD9 or corresponding codes in ICD10) or a fractured hip (defined by procedure code 81.52 in ICD9 or corresponding codes in ICD10)

**Numerator:** A subset of the denominator who experienced at least one of the following:

- Postoperative infections (acute or early deep), dehiscence, necrosis, hematoma, nerve injury, major bleeding, dislocation, cardiovascular complications, catheter-associated urinary tract infection or pneumonia.
- Return to operating room after procedure (excludes same side revision).
- Revision during the index hospital stay (same side as index procedure).
- Periprosthetic fracture.
- Postoperative venous thromboembolic event during hospital stay.

**Comments:** Postoperative infections are determined by documentation of early prosthetic joint or wound infection or acute and early deep hip infection, excluding superficial infection. Wound
complications other than infection include dehiscence, hematoma, and necrosis. Cardiovascular complications include myocardial infarction, congestive heart failure, and arrhythmia requiring treatment.

MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_8, 30201141**

**Measure Title:** Hospitalized adult surgical patients who develop postoperative adverse events associated with knee joint replacement

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients in the MPSMS sample who undergo a knee joint replacement (defined by procedure code 81.54 in ICD9 or corresponding codes in ICD10)

**Numerator:** A subset of the denominator who experienced at least one of the following:

- Postoperative infections (acute or early deep), dehiscence, necrosis, hematoma, nerve injury, major bleeding, dislocation, cardiovascular complications, catheter-associated urinary tract infection or pneumonia.
- Periprosthetic fracture.
- Return to operating room after procedure (excludes same side revision).
- Revision during the index hospital stay (same side as index procedure).
- Postoperative venous thromboembolic event during hospital stay.

**Comments:** Postoperative infections are determined by documentation of early prosthetic joint or wound infection or acute and early deep knee infection, excluding superficial infection. Wound complications other than infection include dehiscence, hematoma, and necrosis.
Cardiovascular complications include myocardial infarction, congestive heart failure, and arrhythmia requiring treatment.

MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: OASIS_11, 30201151**

**Measure Title:** Home health care patients whose surgical wound was improved

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State  
Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** All valid home health care episodes that begin in the survey year

**Numerator:** Subset of the denominator in which a person’s surgical wound status improved compared with a prior assessment.

**Comments:** The OASIS instrument defines the most problematic status for surgical wounds using 4 definitions. Further information about risk adjustment and the HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/).

### 3.3 Other Complications of Hospital Care

**MEASURE ID: MPSMS_9, 30301011**

**Measure Title:** Composite measure: Rate of either central line-associated bloodstream infections (CLABSIs) or mechanical adverse events per 1,000 patients who had a central line placed during the index hospital stay

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)
Table Descriptions:

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample with documentation of placement of at least one vascular access device terminating at, or close to, the heart in one of the central vessels, who do not have an infection on admission. The following are considered central veins for this measure: aorta; vena cava; brachiocephalic veins; iliac vein; internal jugular veins; and subclavian veins. Pulmonary artery catheters (Swan-Ganz catheters) are included in this measure.

Numerator: Subset of the denominator who develop a central line-associated bloodstream infection, or experience a central line-associated mechanical adverse event

Comments: In order for a blood stream infection (BSI) to be associated with a central line, the patient did not have an infection on admission, had no other source of infection, and had the first central line in place for at least two days prior to a positive blood culture for a BSI pathogen* (as determined by expert review).

*Note: At least two positive cultures are required to count “coagulase negative Staphylococcus,” “Staphylococcus epidermidis,” “Staphylococcus not otherwise specified,” and “Staphylococcus other” as a BSI.

Central line-associated mechanical adverse event is determined by documentation of:

- An allergic reaction (only when CPR is administered within 15 minutes of catheter insertion).
- Arrhythmia.
- Perforation.
- Pneumothorax.
- Hematoma/bleeding.
- Shearing off of catheter.
- Air embolism.
- Misplaced catheter.
- Thrombosis/embolism.
- Knotting of pulmonary artery catheter.
- Catheter occlusion.
• Leaking.
• Others as determined by review of clinical expert.

MPSMS data are abstracted from the medical record for the index hospital stay.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_10, 30301021**

**Measure Title:** Hospitalized adult patients with central line-associated bloodstream infections (CLABSIs)

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients from the MPSMS sample with documentation of placement of at least one vascular access device terminating at, or close to, the heart in one of the central vessels, who do not have an infection on admission. The following are considered central veins for this measure: aorta; vena cava; brachiocephalic veins; iliac vein; internal jugular veins; subclavian veins. Pulmonary artery catheters (Swan-Ganz catheters) are included in this measure.

**Numerator:** A subset of the denominator with a CLABSI

**Comments:** In order for a blood stream infection (BSI) to be associated with a central line, the patient did not have an infection on admission, had no other source of infection, and had the first central line in place for at least two days prior to a positive blood culture for a BSI pathogen* (as determined by expert review).

* At least two positive cultures are required for Coagulase-negative staphylococci, *Staphylococcus epidermis*, *Staphylococcus* not otherwise specified, *Staphylococcus* other.
MPSMS data are abstracted from the medical record for the index hospital stay. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_11, 30301031**

**Measure Title:** Mechanical adverse events in adult patients receiving central line placement

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All Medicare fee-for-service (FFS) discharges from the MPSMS sample with placement of at least one vascular access device terminating at, or close to, the heart or in one of the great vessels The following are considered great vessels for this measure: aorta, vena cava, brachiocephalic vein, iliac vein, internal jugular vein, and subclavian vein

**Numerator:** Subset of the denominator with central line associated mechanical adverse events. A central-line-associated mechanical adverse event is defined as the presence in the medical record of at least one of the following:

- Allergic reaction (only when CPR is performed within 15 minutes).
- Perforation.
- Pneumothorax.
- Hematoma.
- Shearing off of the catheter.
- Air embolism.
- Misplaced catheter.
- Thrombosis/embolism.
- Knotting of the pulmonary artery catheter.
- Bleeding.
- Catheter occlusion.
- Leaking.
- Other.
**Comments:** MPSMS is a nationwide surveillance system designed to identify rates of specific adverse events within the hospitalized Medicare FFS population.

An adverse event is defined as an unintended patient harm, injury, or loss more likely associated with the patient’s interaction with the health care delivery system than from diseases the patient may have.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: HCUP_9, 30301041**

**Measure Title:** Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, bed size (hospital), sex, expected primary payer, geographic location (hospital and residence), income, ownership of hospital, region, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Hospital medical and surgical admissions among adults age 18 and over, excluding obstetric admissions

**Numerator:** Subset of the denominator with secondary diagnosis denoting accidental cut, puncture, perforation, or laceration during a procedure

**Comments:** The AHRQ PSI software requires that the accidental puncture or laceration be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID
encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_58, 30301051

Measure Title: Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, children

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Hospital medical and surgical discharges among children age less than 18 years, excluding obstetric admissions
**Numerator:** Subset of the denominator with secondary diagnosis denoting accidental cut, puncture, perforation, or laceration during a procedure

**Comments:** The AHRQ PDI software requires that the accidental puncture or laceration be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data ([https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp](https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).

**MEASURE ID: HCUP_10, 30301061**

**Measure Title:** Hospital admissions with iatrogenic pneumothorax per 1,000 medical and surgical admissions, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017
Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All medical and surgical hospital discharges, age 18 and over, excluding patients with chest trauma or pleural effusion, thoracic surgery, lung or pleural biopsy, cardiac surgery, diaphragmatic surgery, or obstetric admissions

**Numerator:** Subset of the denominator with any secondary diagnosis of iatrogenic pneumothorax

**Comments:** The AHRQ PSI software requires that the iatrogenic pneumothorax be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data ([https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp](https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).
MEASURE ID: HCUP_11, 30301071

Measure Title: Deaths per 1,000 elective-surgery admissions having developed specified complications of care during hospitalization, ages 18-89 or obstetric admissions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Hospital inpatient discharges, ages 18-89 years, with potential complications of care, excluding patients transferred in or out or patients admitted from long-term-care facilities

Numerator: Subset of the denominator with discharge disposition indicating death

Comments: The AHRQ PSI software requires that the complication of care be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and
(3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_12, 30301081

Measure Title: Deaths per 1,000 discharges with expected low mortality

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Hospital admissions among people age 18 and over or obstetric conditions, in low-mortality DRGs (defined as DRGs with less than a 0.5% mortality rate), excluding patients with trauma, immunocompromised state, or cancer

Numerator: Subset of the denominator with discharge disposition indicating death

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

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covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 30301091**

**Measure Title:** In-hospital deaths per 100,000 delivery hospitalizations, women ages 12-55

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, sex, race/ethnicity, patient residence, hospital residence, expected payment source, hospital ownership, hospital teaching status, hospital bed size, critical access hospital status, hospital safety net status, minority serving hospital status, median household income of the patient's ZIP Code, and region of the United States

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

**Denominator:** U.S. females age 12-55 with a delivery diagnosis, procedure, or DRG

**Numerator:** Number of deaths
**Comments:** Deliveries are defined using the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and diagnosis related groups: diagnoses (Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379, O80, O82, O7582), procedure (10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ), or DRG (765-768 or 774-775) and without abortion diagnosis (O00, O01, O02, O03, O04, O07, O08) or procedure (10A00ZZ, 10A03ZZ, 10A04ZZ, 10A07Z6, 10A07ZW, 10A07ZX, 10A07ZZ, 10A08ZZ, 10D17ZZ, 10D18ZZ).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data ([https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp](https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).

**MEASURE ID: 30301101**

**Measure Title:** Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

**Table Descriptions:**

- Geographic Representation: National, State
- Years Available: 2016-2017
Population Characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Inpatient Quality Reporting (Hospital IQR) Program

**Denominator:** Patients diagnosed with confirmed Deep Vein Thrombosis (VTE) or Pulmonary Emboli (PE) during hospitalization

**Numerator:** Subset of the denominator who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date

**Comments:** This measure is referred as VET-6 by the HIQR program. This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. Information and resources regarding this measure can be accessed on QualityNet at [http://www.qualitynet.org/](http://www.qualitynet.org/), by selecting the “Specifications Manual” link under the “Hospital-Inpatient” tab in the left navigation bar and then the latest version and the measure.

### 3.4 Complications of Medication

**MEASURE ID:** MPSMS_12, 30401011

**Measure Title:** Hospitalized adult patients who have an adverse event associated with the anticoagulant warfarin

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients from the MPSMS sample who received warfarin during hospitalization and had a documented international normalized ratio (INR) result during the index hospital stay
**Numerator:** A subset of the denominator who during the hospital-stay experienced:

- INR ≥4.0 with one or more of the following: cardiac arrest/emergency measures to sustain life, death, gastrointestinal bleeding, genitourinary bleeding, hematocrit drop of 3 or more points more than 48 hours after admission, intracranial bleeding (subdural hematoma), new hematoma, other types of bleeding, or pulmonary bleeding.
- INR >1.5 and an abrupt cessation/hold of warfarin with one or more of the above symptoms.
- INR >1.5 and administration of vitamin K or fresh frozen plasma with one or more of the above symptoms.
- INR >1.5 and a blood transfusion absent a surgical procedure with one or more of the above symptoms.

**Comments:** The above symptoms are counted as adverse events only when they occur within two days prior to two days after the INR > 4.0, abrupt cessation/hold of warfarin, administration of vitamin K or fresh frozen plasma or blood transfusion absent a surgical procedure.

MPSMS data are abstracted from the medical record for the index hospital stays.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_13, 30401021**

**Measure Title:** Hospitalized adult patients who have an adverse event associated with intravenous (IV) heparin

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

- Geographic Representation: National
- Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking
- **Data Sources:** CMS Inpatient Quality Reporting (IQR) Program formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS
- **Denominator:** All patients from the MPSMS sample who received IV heparin during hospitalization and had a documented partial thromboplastin time (PTT) result during the hospital stay
**Numerator:** A subset of the denominator who experienced: PTT ≥100 with one or more of the following: cardiac arrest/emergency measures to sustain life, death, gastrointestinal bleeding, genitourinary bleeding, hematocrit drop of 3 or more points more than 48 hours after admission, intracranial bleeding (subdural hematoma), new hematoma, other types of bleeding, or pulmonary bleeding.

- PTT >45 and an abrupt cessation/hold of IV heparin with one or more of the above symptoms.
- PTT >45 and administration of protamine or fresh frozen plasma with one or more of the above symptoms.
- PTT >45 and a blood transfusion (absent a surgical procedure) with one or more of the above symptoms.

**Comments:** Not included are PTTs ≥100, PTTs >45, and an abrupt cessation/hold of IV heparin, PTTs >45 and administration of Vitamin K or fresh frozen plasma, and PTTs >45 and a blood transfusion (absent a surgical procedure) that occur the date of arrival.

MPSMS data are abstracted from the medical record for the index hospital stays.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_14, 30401031**

**Measure Title:** Hospitalized adult patients who have an adverse event associated with low-molecular-weight heparin (LMWH) or factor Xa inhibitor

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

- Geographic Representation: National


- Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients from the MPSMS sample who received LMWH or factor Xa inhibitor during the index hospital stay
**Numerator:** A subset of the denominator who experienced:

- Abrupt cessation/hold of LMWH or factor Xa with one of the following: cardiac arrest/emergency measures to sustain life, death, gastrointestinal bleeding, genitourinary bleeding, hematocrit drop of three or more points more than forty-eight hours after admission, intracranial bleeding (subdural hematoma), new hematoma, other types of bleeding, or pulmonary bleeding or death.
- Administration of protamine or fresh frozen plasma (FFP) with one or more of the above symptoms.
- Blood transfusion (absent a surgical procedure) with one or more of the above symptoms.

**Comments:** Not counted in this measure are abrupt cessation/holds of LMWH or factor Xa, administration of Vitamin K or FFP, and blood transfusions (absent a surgical procedure) that occur on the date of arrival.

MPSMS data are abstracted from the medical record for the index hospital stays. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

**MEASURE ID: MPSMS_15, 30401041**

**Measure Title:** Hospitalized adult patients who have an adverse event associated with a hypoglycemic agent

**Measure Source:** The Medicare Patient Safety Monitoring System (MPSMS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2014-2017

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

**Data Sources:** CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

**Denominator:** All patients from the MPSMS sample who received insulin, oral hypoglycemics, or both, and had glucose result during the hospital stay

**Numerator:** A subset of the denominator who experienced: a glucose level ≤70 with one or more of the following adverse events documented on the day of the serum glucose: administration of D50, administration of glucagon, administration of juice or sugar, anxiety, code blue (CPR), confusion, death, drowsiness, sweating, weakness, trembling, increased heart
rate, irritability, seizure, stroke, transient ischemic attack, myocardial infarction, and coma/loss of consciousness or death

Comments: MPSMS data are abstracted from the medical record for the index hospital stays.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

MEASURE ID: OASIS_4, 30401051

Measure Title: Home health care patients whose management of oral medications improved

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with a discharge during the year, excluding episodes for which the patient, at start/resumption of care, was able to take oral medications correctly without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral medications prescribed.

Numerator: Subset of the denominator in which a person showed improvement in ability to manage oral medications compared with a prior assessment in the episode

Comments: The OASIS instrument measures management of oral medications on a 4-level scale from 0 (fully independent) to 3 (entirely dependent) and refers to ability, not medication compliance. Further information about HHQI measures is available at http://www.cms.hhs.gov/HomeHealthQualityInitis/.

The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

MEASURE ID: OASIS_18, 30401061

Measure Title: Short-stay home health patients who had drug education on all medications
Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the year, excluding episodes for which the patient was not taking any drugs since the last OASIS assessment prior to transfer/discharge, or the patient died

Numerator: Number of home health quality episodes during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (at the time of or at any time since the most recent SOC/ROC assessment)

Comments: The OASIS instrument measures management of oral medications on a 4-level scale from 0 (fully independent) to 3 (entirely dependent) and refers to ability, not medication compliance. Further information about HHQI measures is available at http://www.cms.hhs.gov/HomeHealthQualityInits/.

The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

3.5 Birth-Related Complications

MEASURE ID: HCUP_40, 30501011

Measure Title: Birth trauma - injury to neonate per 1,000 selected live births

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017
Population Subgroups: Gender, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**National Denominator:** All newborns

**National Numerator:** Subset of the denominator with any diagnosis of birth trauma, excluding preterm infants with a birth weight less than 2,000 grams, infants with any diagnosis of injury to brachial plexus, and infants with any diagnosis code of osteogenesis imperfecta

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** HCUP_41, 30501021

**Measure Title:** Obstetric trauma per 1,000 vaginal deliveries without instrument assistance
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All hospital discharges with a diagnosis of vaginal delivery without instrument assistance

**Numerator:** Subset of the denominator with any diagnosis or procedure indicating obstetric trauma with 3rd or 4th degree lacerations

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.
For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_42, 30501031**

**Measure Title:** Obstetric trauma per 1,000 instrument-assisted deliveries

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All instrument-assisted vaginal deliveries discharged from hospital

**Numerator:** Subset of the denominator with any diagnosis or procedure indicating obstetric trauma with 3rd or 4th degree lacerations

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10
percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 30501041**

**Measure Title:** Venous thromboembolism or pulmonary embolism per 1,000 delivery discharges, women ages 12-55

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2017

Population Subgroups: Age, Race/Ethnicity, Payer, Income, Urbanized Location, Region, Bed size, Teaching, Hospital Ownership, Critical Access Hospital Status, Hospital Safety Net Status, Minority Serving Hospital Status

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

**Denominator:** Inpatient stays for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

<table>
<thead>
<tr>
<th>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any diagnosis of O80 (vaginal delivery)</td>
</tr>
<tr>
<td>Any diagnosis of O82, O7582 (C-section)</td>
</tr>
<tr>
<td>Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ</td>
</tr>
<tr>
<td>Any delivery DRG - 765-768 or 774-775</td>
</tr>
</tbody>
</table>
Abortions

Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'

Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')

Numerator: Subset of the denominator with any diagnosis of venous thromboembolism or pulmonary embolism

### Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2602</td>
<td>Saddle embolus of pulmonary artery with acute cor pulmonale</td>
</tr>
<tr>
<td>I2609</td>
<td>Other pulmonary embolism with acute cor pulmonale</td>
</tr>
<tr>
<td>I2692</td>
<td>Saddle embolus of pulmonary artery without acute cor pulmonale</td>
</tr>
<tr>
<td>I2699</td>
<td>Other pulmonary embolism without acute cor pulmonale</td>
</tr>
<tr>
<td>I8010</td>
<td>Phlebitis and thrombophlebitis of unspecified femoral vein</td>
</tr>
<tr>
<td>I8011</td>
<td>Phlebitis and thrombophlebitis of right femoral vein</td>
</tr>
<tr>
<td>I8012</td>
<td>Phlebitis and thrombophlebitis of left femoral vein</td>
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<tr>
<td>I8013</td>
<td>Phlebitis and thrombophlebitis of femoral vein, bilateral</td>
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<tr>
<td>I80201</td>
<td>Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity</td>
</tr>
<tr>
<td>I80202</td>
<td>Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity</td>
</tr>
<tr>
<td>I80203</td>
<td>Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral</td>
</tr>
<tr>
<td>I80209</td>
<td>Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity</td>
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<tr>
<td>I80211</td>
<td>Phlebitis and thrombophlebitis of right iliac vein</td>
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<tr>
<td>I80212</td>
<td>Phlebitis and thrombophlebitis of left iliac vein</td>
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<tr>
<td>I80213</td>
<td>Phlebitis and thrombophlebitis of iliac vein, bilateral</td>
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<td>I80219</td>
<td>Phlebitis and thrombophlebitis of unspecified iliac vein</td>
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<td>Phlebitis and thrombophlebitis of popliteal vein, bilateral</td>
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<td>Phlebitis and thrombophlebitis of unspecified popliteal vein</td>
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<td>Phlebitis and thrombophlebitis of right tibial vein</td>
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<tr>
<td>I80232</td>
<td>Phlebitis and thrombophlebitis of left tibial vein</td>
</tr>
<tr>
<td>I80233</td>
<td>Phlebitis and thrombophlebitis of tibial vein, bilateral</td>
</tr>
<tr>
<td>I80239</td>
<td>Phlebitis and thrombophlebitis of unspecified tibial vein</td>
</tr>
<tr>
<td>I80291</td>
<td>Phlebitis and thrombophlebitis of other deep vessels of right lower extremity</td>
</tr>
<tr>
<td>I80292</td>
<td>Phlebitis and thrombophlebitis of other deep vessels of left lower extremity</td>
</tr>
<tr>
<td>I80293</td>
<td>Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral</td>
</tr>
<tr>
<td>I80299</td>
<td>Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity</td>
</tr>
<tr>
<td>I82401</td>
<td>Acute embolism and thrombosis of unspecified deep veins of right lower extremity</td>
</tr>
<tr>
<td>I82402</td>
<td>Acute embolism and thrombosis of unspecified deep veins of left lower extremity</td>
</tr>
</tbody>
</table>
### Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I82403</td>
<td>Acute embolism and thrombosis of unspecified deep veins of lower extremity,</td>
</tr>
<tr>
<td></td>
<td>bilateral</td>
</tr>
<tr>
<td>I82409</td>
<td>Acute embolism and thrombosis of unspecified deep veins of unspecified lower</td>
</tr>
<tr>
<td></td>
<td>extremity</td>
</tr>
<tr>
<td>I82411</td>
<td>Acute embolism and thrombosis of right femoral vein</td>
</tr>
<tr>
<td>I82412</td>
<td>Acute embolism and thrombosis of left femoral vein</td>
</tr>
<tr>
<td>I82413</td>
<td>Acute embolism and thrombosis of femoral vein, bilateral</td>
</tr>
<tr>
<td>I82419</td>
<td>Acute embolism and thrombosis of unspecified femoral vein</td>
</tr>
<tr>
<td>I82421</td>
<td>Acute embolism and thrombosis of right iliac vein</td>
</tr>
<tr>
<td>I82422</td>
<td>Acute embolism and thrombosis of left iliac vein</td>
</tr>
<tr>
<td>I82423</td>
<td>Acute embolism and thrombosis of iliac vein, bilateral</td>
</tr>
<tr>
<td>I82429</td>
<td>Acute embolism and thrombosis of unspecified iliac vein</td>
</tr>
<tr>
<td>I82431</td>
<td>Acute embolism and thrombosis of right popliteal vein</td>
</tr>
<tr>
<td>I82432</td>
<td>Acute embolism and thrombosis of left popliteal vein</td>
</tr>
<tr>
<td>I82433</td>
<td>Acute embolism and thrombosis of popliteal vein, bilateral</td>
</tr>
<tr>
<td>I82439</td>
<td>Acute embolism and thrombosis of unspecified popliteal vein</td>
</tr>
<tr>
<td>I824Y1</td>
<td>Acute embolism and thrombosis of unspecified deep veins of right proximal</td>
</tr>
<tr>
<td></td>
<td>lower extremity</td>
</tr>
<tr>
<td>I824Y2</td>
<td>Acute embolism and thrombosis of unspecified deep veins of left proximal</td>
</tr>
<tr>
<td></td>
<td>lower extremity</td>
</tr>
<tr>
<td>I824Y3</td>
<td>Acute embolism and thrombosis of unspecified deep veins of proximal lower</td>
</tr>
<tr>
<td></td>
<td>extremity, bilateral</td>
</tr>
<tr>
<td>I824Y9</td>
<td>Acute embolism and thrombosis of unspecified deep veins of unspecified</td>
</tr>
<tr>
<td></td>
<td>proximal lower extremity</td>
</tr>
</tbody>
</table>

**Comments:** The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.
For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 30501051**

**Measure Title:** Severe maternal morbidity per 1,000 delivery hospitalizations, women ages 12-55

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2017

Population Subgroups: Age, Race/Ethnicity, Payer, Income, Urbanized Location, Region, Bed size, Teaching, Hospital Ownership, Critical Access Hospital Status, Hospital Safety Net Status, Minority Serving Hospital Status

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

**Denominator:** Inpatient stays for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

<table>
<thead>
<tr>
<th>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any diagnosis of O80 (vaginal delivery)</td>
</tr>
<tr>
<td>Any diagnosis of O82, O7582 (C-section)</td>
</tr>
<tr>
<td>Any procedure code of 10D0020-10D0022, 10D07Z3-0D07Z8, 10E0XZZ</td>
</tr>
<tr>
<td>Any delivery DRG - 765-768 or 774-775</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abortions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'</td>
</tr>
<tr>
<td>Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')</td>
</tr>
</tbody>
</table>

**Numerator:** Subset of the denominator with any diagnosis of severe maternal morbidity.

Severe maternal morbidity conditions were defined by the Center for Disease Control and
Prevention. Information on the coding criteria is available at
www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm

Comments: The HCUP State Inpatient Databases (SID) include a powerful set of hospital
databases from HCUP Partner organizations in 47 States and the District of Columbia. Together,
the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a
core set of clinical and nonclinical information on all patients, regardless of payer, including
people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In
addition to the core set of uniform data elements common to all SID, some databases within
SID include other elements, such as the patient's race.

For generating national estimates beginning in data year 2016, SID meeting the following
inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10
percent of discharges failed edit checks on indicators of diagnoses being present on admission
(POA); (2) the SID included information on day of principal and secondary procedure days; and
(3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that
failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to
the universe of community hospitals in the United States, excluding rehabilitation and long-
term acute care facilities. In data year 2017, the nationally weighted analysis file includes data
from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the
HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data

MEASURE ID: 30501061

Measure Title: Severe postpartum hemorrhage per 1,000 delivery hospitalizations, women ages
12-55

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and
Utilization Project (HCUP).

Table Descriptions:

Geographic Representation: National

Years Available: 2017

Population Subgroups: Age, Race/Ethnicity, Payer, Income, Urbanized Location, Region, Bed
size, Teaching, Hospital Ownership, Critical Access Hospital Status, Hospital Safety Net Status,
Minority Serving Hospital Status
Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

Denominator: Inpatient stays for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs

<table>
<thead>
<tr>
<th>Diagnosis/Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O80, O7582</td>
<td>Any diagnosis of O80 (vaginal delivery)</td>
</tr>
<tr>
<td>O82, O7582</td>
<td>Any diagnosis of O82, O7582 (C-section)</td>
</tr>
<tr>
<td>10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ</td>
<td>Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ</td>
</tr>
<tr>
<td>765-768 or 774-775</td>
<td>Any delivery DRG - 765-768 or 774-775</td>
</tr>
</tbody>
</table>

Abortions

<table>
<thead>
<tr>
<th>Diagnosis/Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'</td>
<td>Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'</td>
</tr>
<tr>
<td>'10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')</td>
<td>Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')</td>
</tr>
</tbody>
</table>

Numerator: Subset of the denominator with any diagnosis of postpartum hemorrhage

Postpartum Hemorrhage Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>O43.212</td>
<td>Placenta accreta, second trimester</td>
</tr>
<tr>
<td>O43.213</td>
<td>Placenta accreta, third trimester</td>
</tr>
<tr>
<td>O43.219</td>
<td>Placenta accreta, unspecified trimester</td>
</tr>
<tr>
<td>O43.222</td>
<td>Placenta increta, second trimester</td>
</tr>
<tr>
<td>O43.223</td>
<td>Placenta increta, third trimester</td>
</tr>
<tr>
<td>O43.229</td>
<td>Placenta increta, unspecified trimester</td>
</tr>
<tr>
<td>O43.232</td>
<td>Placenta percreta, second trimester</td>
</tr>
<tr>
<td>O43.233</td>
<td>Placenta percreta, third trimester</td>
</tr>
<tr>
<td>O43.239</td>
<td>Placenta percreta, unspecified trimester</td>
</tr>
<tr>
<td>O72.0</td>
<td>Third-stage hemorrhage</td>
</tr>
<tr>
<td>O72.1</td>
<td>Other immediate postpartum hemorrhage</td>
</tr>
<tr>
<td>O72.2</td>
<td>Delayed and secondary postpartum hemorrhage</td>
</tr>
<tr>
<td>O72.3</td>
<td>Postpartum coagulation defects</td>
</tr>
</tbody>
</table>

Comments: The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.
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For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 30501071**

**Measure Title:** Eclampsia or preeclampsia per 1,000 delivery hospitalizations, women ages 12-55

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2017

Population Subgroups: Age, Race/Ethnicity, Payer, Income, Urbanized Location, Region, Bed size, Teaching, Hospital Ownership, Critical Access Hospital Status, Hospital Safety Net Status, Minority Serving Hospital Status

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

**Denominator:** Inpatient stays for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Any diagnosis of O80 (vaginal delivery)</td>
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</tr>
<tr>
<td>Any procedure code of 10D00Z0-10D00ZZ, 10D07Z3-0D07Z8, 10E0XZZ</td>
</tr>
</tbody>
</table>
Any delivery DRG - 765-768 or 774-775

Abortions

Numerator: Subset of the denominator with any diagnosis of eclampsia or preeclampsia:

- Any diagnosis starting with ‘O14’ for pre-eclampsia
- Any diagnosis starting with ‘O15’ for eclampsia
- Any diagnosis starting with ‘O11’ for pre-existing hypertension with pre-eclampsia

Comments: The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

3.6 Inappropriate Treatment

MEASURE ID: MEPS_38, 30601011

Measure Title: Adults age 65 and over who received potentially inappropriate prescription medications in the calendar year (11 medications)

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)
Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 20167

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 65 and over

Numerator: Subset of the denominator who received at least 1 of the 11 medications that are potentially inappropriate for older adults

Comments: Prescription medications received include all prescribed medications initially purchased or otherwise obtained during the calendar year, as well as any refills. For additional information concerning potentially inappropriate medications, refer to: Zhan C, Sangl J, Bierman AS, et al. Potentially inappropriate medication use in the community-dwelling elderly: findings from 1996 Medical Expenditure Panel Survey. JAMA 2001; 286(22):2823-29.

MEASURE ID: MEPS_39, 30601021

Measure Title: Adults age 65 and over who received potentially inappropriate prescription medications in the calendar year (33 medications)

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 65 and over

Numerator: Subset of the denominator who received who received 1 or more of the 33 potentially inappropriate medications
**Comments:** Prescription medications received include all prescribed medications initially purchased or otherwise obtained during the calendar year, as well as any refills


### 3.7 Supportive and Palliative Care

**MEASURE ID:** MDS_18, 30701011

**Measure Title:** High-risk, long-stay nursing home patients with pressure ulcer

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National & State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home long-stay residents with a valid target assessment and with any of the following conditions: impaired in bed mobility or transfer, comatose, or suffering from malnutrition on the target assessment; excludes admission assessments and residents with certain disqualifying responses.

**Numerator:** Subset of the denominator with stages 2-4 pressure ulcer on target assessment

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.

MEASURE ID: MDS_8, 30701021

**Measure Title:** Low-risk long-stay nursing home residents with a catheter inserted and left in the bladder

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National & State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding admission assessments or assessments with missing data

**Numerator:** Subset of the denominator with indwelling catheters on target assessment

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


MEASURE ID: MDS_5, 30701031

**Measure Title:** Long-stay nursing home residents with a urinary tract infection

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013 to 2017
Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding admission assessments and target assessments with missing values

**Numerator:** Subset of the denominator where a urinary tract infection is reported on the target assessment within the last 30 days

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


**MEASURE ID:** MDS_24, 30701041

**Measure Title:** Long-stay nursing home residents experiencing a fall with major injury

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013 to 2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home long-stay residents with a valid target assessment; experiencing one or more falls resulting in major injury; excludes residents who were not assessed for a fall or where the number of falls was not assessed

**Numerator:** Subset of the denominator who experienced a fall with major injury
Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


MEASURE ID: MDS_25, 30701052

Measure Title: Short-stay nursing home residents with pressure sores that are new or worsening

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013 to 2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home short-stay residents with valid current and look back assessments, excluding patients with disqualifying responses for previous pressure sores in the look back assessment

Numerator: Subset of the denominator indicating one or more new or worsening Stage 2-4 pressure sores

Comments: Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.

3.8 Home Health Communication

**MEASURE ID: HHCAHPS_2, 30801021**

**Measure Title:** Adults who reported a home health provider talking with them about how to set up their home so they can move around safely when they first started getting home health care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**
Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?", excluding non-respondents and respondents indicating "do not remember"

**Numerator:** Subset of the denominator who responded "yes" to the above question

**MEASURE ID: HHCAHPS_3, 30801031**

**Measure Title:** Percent of adults who reported a home health provider talking with them about all the prescription and over-the-counter medicines you were taking, when they first started getting home health care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**
Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS
**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "When you first started getting home health care from this agency, did someone from the agency talk with you about all the prescription and over-the-counter medicines you were taking?", excluding non-respondents and respondents indicating "do not remember".

**Numerator:** Subset of the denominator who responded "yes" to the above question

**MEASURE ID:** HHCAHPS_4, 30801041

**Measure Title:** Adults who reported a home health provider asking to see all the prescription and over-the-counter medicines they were taking, when they first started getting home health care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "When you first started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you are taking?", excluding non-respondents and respondents indicating "do not remember"

**Numerator:** Subset of the denominator who responded "yes" to the above question

**MEASURE ID:** HHCAHPS_7, 30801071

**Measure Title:** Adults who reported that home health providers talked with them about the purpose for taking their new or changed prescription medicines in the last 2 months of care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018
Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?", excluding non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines"

**Numerator:** Subset of the denominator who responded "yes" to the above question

**MEASURE ID:** HHCAHPS_8, 30801081

**Measure Title:** Adults who reported that home health providers talked with them about when to take medicines in the last 2 months of care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?", excluding non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines"

**Numerator:** Subset of the denominator who responded "yes" to the above question

**MEASURE ID:** HHCAHPS_9, 30801091

**Measure Title:** Adults home health patients age 18 and over who reported that home health providers talked with them about the side effects of medicines in the last 2 months of care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems
**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did home health providers from this agency talk with you about the side effects of these medicines?", excluding non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines"

**Numerator:** Subset of the denominator who responded "yes" to the above question

**Chapter 4. Person-Centered Care**

**4.1 Patient Experience of Care**

**MEASURE ID: MEPS_20, 40101011**

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized adults age 18 and over who visited a doctor's office or clinic to get health care in the past 12 months, excluding those with missing or invalid responses to all of the questions that make up this composite measure
**Measure ID:** MEPS_22, 40101031

**Measure Title:** Adults who had a doctor's office or clinic visit whose health providers sometimes or never listened carefully to them

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

- **Geographic Representation:** National
- **Years Available:** 2002 to 2017
- **Population Subgroups:** Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized adults age 18 and over who visited a doctor's office or clinic to get health care in the past 12 months and had a valid response to the question, "In the last 12 months how often did doctors or other health providers listen carefully to you?"

**Numerator:** Subset of the denominator who answered "Sometimes" or "Never" to the above question

**Comments:** Nonrespondents and respondents indicating "Don't Know" were excluded.

Patient Experience of Care.

**Measure ID:** MEPS_24, 40101051

**Measure Title:** Adults who had a doctor's office or clinic visit whose health providers always explained things in a way they could understand

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)
Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who visited a doctor’s office or clinic to get health care in the past 12 months and provided a valid response to the question, "In the last 12 months how often did doctors or other health providers explain things in a way you could understand?"

Numerator: Subset of the denominator who responded "Always" to the above question

Comments: Nonrespondents and respondents indicating "Don’t Know" were excluded.

MEASURE ID: MEPS_26, 40101071

Measure Title: Adults who had a doctor's office or clinic visit whose health providers sometimes or never showed respect for what they had to say

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)
**Numerator:** Subset of the denominator who responded "Sometimes" or "Never" to the above question

**Comments:** Nonrespondents and respondents indicating "Don't Know" were excluded.

**MEASURE ID:** MEPS_28, 40101091

**Measure Title:** Adults who had a doctor's office or clinic visit whose health providers sometimes or never spent enough time with them

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized adults age 18 and over who reported going to a doctor's office or clinic in the last 12 months and who provided a valid response to the question, "In the last 12 months how often did doctors or other health providers spend enough time with you?"

**Numerator:** Subset of the denominator who responded "Sometimes" or "Never" to the above question

**Comments:** Nonrespondents and "Don’t Know" responses were excluded.

**MEASURE ID:** MEPS_30, 40101111

**Measure Title:** Rating of health care by adults who had a doctor's office or clinic visit

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017
Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized adults age 18 and over who reported going to a doctor's office or clinic in the last 12 months and who provided a valid response to the question, "We want to know your rating of all your health care in the last 12 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your health care?"

**Numerator:** Subset of the denominator who rated their health care as 0-6 on a scale from 0 to 10

**Comments:** Nonrespondents and "Don't Know" responses were excluded.

**MEASURE ID:** MEPS_32, 40101131

**Measure Title:** Adults with limited English proficiency having a usual source of care that offered language assistance

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized adults age 18 and over with limited English proficiency and a usual source of care

**Numerator:** Subset of the denominator who received language assistance at their usual source of care

**MEASURE ID:** MEPS_33, 40101132

**Measure Title:** Adults with limited English proficiency and a usual source of care
Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: National: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over

Numerator: Subset of the denominator who had a usual source of care

MEASURE ID: MEPS_35, 40101151

Measure Title: People with a usual source of care whose health care providers sometimes or never asked for the person's help to make treatment decisions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: Adult US civilian noninstitutionalized population with a usual source of care

Numerator: Subset of the denominator who indicated that their usual source of care "Sometimes" or "Never" discussed decisions with them
MEASURE ID: MEPS_74, 40101161

Measure Title: Adults who had a doctor’s office or clinic visit in the last 12 months whose health providers always gave them easy-to-understand instructions about what to do for a specific illness or health conditions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS); Consistent with Healthy People 2020 objective HIT-1.1

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, activity limitations, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who had a doctor’s office or clinic visit in the last 12 months and received instructions about what to do for a specific illness or health condition

Numerator: Number of persons aged 18 years and over who report that in the last 12 months, doctors or other health providers always gave them easy-to-understand instructions about what to do about a specific illness or health condition. Other possible answers include "Usually", "Sometimes", and "Never". For more information, see "Detailed Methods for the Medical Expenditure Panel Survey".

Comments: Missing responses were excluded. This measure is consistent with Health People 2020 objective HIT-1.1. Data for HIT-1.1 are available at https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives

MEASURE ID: MEPS_75, 40101171

Measure Title: Adults who had a doctor’s office or clinic visit in the last 12 months whose health providers always asked them to describe how they will follow the instructions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS); Consistent with Healthy People 2020 objective HIT-1.2.
Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, activity limitations, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who visited the doctor in the last 12 months for a specific illness or any health condition and were given instructions about what to do about a specific illness or health condition.

Numerator: Number of persons aged 18 and over whose health care provider always asks how instructions will be followed. Other possible answers include "Usually", "Sometimes", and "Never". For more information, see "Detailed Methods for the Medical Expenditure Panel Survey".

Comments: Missing responses were excluded. This measure is consistent with CDC’s Healthy People 2020 objective HIT-1.2. Data for HIT-1.2 are available at https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives

MEASURE ID: MEPS_76, 40101181

Measure Title: Adults who had a doctor’s office or clinic in the last 12 months whose health providers’ office always offered help in filling out forms

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS); Consistent with Healthy People objective HIT-1.3.

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, activity limitations, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS
Denominator: U.S. civilian noninstitutionalized population age 18 and over who visited their doctor's office and had to fill out or sign any forms in the last 12 months

Numerator: Number of persons aged 18 years and over who report having someone at their doctor's office always explain the purpose of a form before they signed it (in the last 12 months). Other possible answers include "Usually", "Sometimes", and "Never". For more information, see "Detailed Methods for the Medical Expenditure Panel Survey".

Comments: Missing responses were excluded. This measure is consistent with Healthy People 2020 objective HIT-1.3. Data for HIT-1.3 are available at https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives.

4.2 Hospital Communication

MEASURE ID: HCAHPS_3, 40201031

Measure Title: Adult hospital patients who sometimes or never had good communication about medications they received in the hospital

Measure Source: Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2009-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who sometimes or never had good communication about medications they receive in the hospital

4.3 Home Health Communication

MEASURE ID: HHCAHPS_1, 40301011

Measure Title: Adults who reported being told what care and services they would get when they first started getting home health care

Measure Source: Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems
Table Descriptions:

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question "When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?", excluding non-respondents and respondents indicating "don't know"

Numerator: Subset of the denominator who responded "yes" to the above question

MEASURE ID: HHCAHPS_6, 40301061

Measure Title: Adults who reported that home health providers talk about pain in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did you and a home health provider from this agency talk about pain?", excluding non-respondents

Numerator: Subset of the denominator who responded "yes" to the above question

MEASURE ID: HHCAHPS_10, 40301101

Measure Title: Adults who reported that home health providers always kept them informed about when they would arrive at their home in the last 2 months of care
**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?", excluding non-respondents

**Numerator:** Subset of the denominator who responded "always" to the above question

**MEASURE ID:** HHCAHPS_11, 40301111

**Measure Title:** Adults who reported that home health providers always treated them as gently as possible in the last 2 months of care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?", excluding non-respondents

**Numerator:** Subset of the denominator who responded "always" to the above question
MEASURE ID: HHCAHPS_12, 40301121

**Measure Title:** Adults who reported that home health providers always explained things in a way that was easy to understand in the last 2 months of care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**
- Geographic Representation: National, State
- Years Available: 2012-2018
- Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?", excluding non-respondents.

**Numerator:** Subset of the denominator who responded "always" to the above question

MEASURE ID: HHCAHPS_13, 40301131

**Measure Title:** Adults who reported that home health providers always listen carefully to them, in the last 2 months of care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**
- Geographic Representation: National, State
- Years Available: 2012-2018
- Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency listen carefully to you?", excluding non-respondents.

**Numerator:** Subset of the denominator who responded "always" to the above question
MEASURE ID: HHCAHPS_14, 40301141

Measure Title: Adults who reported that home health providers always treated them with courtesy and respect, in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?", excluding non-respondents

Numerator: Subset of the denominator who responded "always" to the above question

MEASURE ID: HHCAHPS_15, 40301151

Measure Title: Adults who reported getting the help or advice they needed when they contacted their home health provider, in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?", excluding non-respondents and respondents indicating "did not contact this agency"
**Numerator:** Subset of the denominator who responded "yes" to the above question

**MEASURE ID:** HHCAHPS_17, 40301161

**Measure Title:** Adults who reported having any problems with the care they received from their home health provider, in the last 2 months of care

**Measure Source:** Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

**Data Sources:** CMS, HHCAHPS

**Denominator:** Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did you have any problems with the care you got through this agency?", excluding non-respondents

**Numerator:** Subset of the denominator who responded "No" to the above question

**4.4 Hospice Care**

**MEASURE ID:** 40401011

**Measure Title:** Hospice patients whose hospice care team always communicated well with their family caregivers about taking care them

**Measure title on CMS’s Hospice Compare website:** Communication with family

**Measure Source:** Centers for Medicare & Medicaid Services, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey.

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

**Data Sources:** CMS, CAHPS Hospice Survey
Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Always" to the first five questions, or "Never" to the sixth question, below:

1. How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
2. While your family member was in hospice care, how often did the hospice team listen carefully to you?
3. While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?
4. While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?
5. While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?
6. While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available [http://www.hospicecahpssurvey.org/en/scoring-and-analysis](http://www.hospicecahpssurvey.org/en/scoring-and-analysis).

The possible responses include "Always", "Usually", "Sometime " and "Never".

MEASURE ID: 40401021

Measure Title: Hospice patients and family caregivers who always got help as soon as they need from hospice care team

Measure title on CMS’s Hospice Compare website: Getting timely help

Measure Source: Centers for Medicare & Medicaid Services, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

Table Descriptions:

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

Data Sources: CMS, CAHPS Hospice Survey
**Denominator:** Family caregivers of adult hospice patients

**Numerator:** Family caregivers of adult hospice patients who answer "Always" to the two questions below:

1. While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
2. While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?

**Comments:** This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available [http://www.hospicecahpssurvey.org/en/scoring-and-analysis](http://www.hospicecahpssurvey.org/en/scoring-and-analysis).

The possible responses include "Always", "Usually", "Sometimes", and "Never".

**MEASURE ID:** 40401031

**Measure Title:** Hospice patients whose hospice care team always treated them with dignity and respect, and really cared about them

**Measure title on CMS’s Hospice Compare website:** Treating patient with respect

**Measure Source:** Centers for Medicare & Medicaid Services, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey.

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

**Data Sources:** CMS, CAHPS Hospice Survey

**Denominator:** Family caregivers of adult hospice patients

**Numerator:** Family caregivers of adult hospice patients who answer "Always" to the two questions below:

1. While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
2. While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?
MEASURE ID: 40401041

Measure Title: Hospice patients who always received enough helps for pain, sadness, breathing, or constipations from hospice care team

Measure title on CMS’s Hospice Compare website: Help for pain and symptoms


Table Descriptions:

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Always" to the first three questions or "Yes, definitely" to the last question below:

1. How often did your family member receive the help he or she needed from the hospice team for feelings of anxiety or sadness?
2. How often did your family member get the help he or she needed for trouble with constipation?
3. How often did your family member get the help he or she needed for trouble breathing?
4. Did your family member get as much help with pain as he or she needed?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available http://www.hospicecahpssurvey.org/en/scoring-and-analysis.
For the first three questions, the possible responses include "Never", "Sometimes", "Usually", and "Always". For the final question, the possible responses include "No"; "Yes, somewhat"; and "Yes, definitely".

**MEASURE ID: 40401051**

**Measure Title:** Family members who definitely received trainings about taking care their family member from hospice care team

**Measure title on CMS’s Hospice Compare website:** Training family to care for patient

**Measure Source:** Centers for Medicare & Medicaid Services, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey.

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

**Data Sources:** CMS, CAHPS Hospice Survey

**Denominator:** Family caregivers of adult hospice patients

**Numerator:** Family caregivers of adult hospice patients who answer "Yes, definitely" to the five questions below:

1. Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?
2. Did the hospice team give you enough training about what side effects to watch for from pain medicine?
3. Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?
4. Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?
5. Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?

**Comments:** This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available [http://www.hospicecahpssurvey.org/en/scoring-and-analysis](http://www.hospicecahpssurvey.org/en/scoring-and-analysis).

The possible responses include "No"; "Yes, somewhat"; and "Yes, definitely".
MEASURE ID: 40401061

Measure Title: Family caregivers who received right amount of emotional and spiritual supports from hospice care team

Measure title on CMS’s Hospice Compare website: Emotional and spiritual support


Table Descriptions:

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Right amount" to the three questions below:

1. In the weeks after your family member died, how much emotional support did you get from the hospice team?
2. While your family member was in hospice care, how much emotional support did you get from the hospice team?
3. Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available [http://www.hospicecahpssurvey.org/en/scoring-and-analysis](http://www.hospicecahpssurvey.org/en/scoring-and-analysis).

The possible responses include "Too little", "Right amount", and "Too much".

As noted in the documentation on the web link noted above, prior to Q3 2018, the denominator for this scale included respondents who selected any of these three response options. Beginning with Q3 2018 decedent data, responses of ‘too much’ were not included in the denominator for scoring.
MEASURE ID: 40401071

Measure Title: Family caregivers who rated the hospice care for their family member best (9-10) on a scale of 0-10 (where 0 is the worst and 10 is the best)

Measure title on CMS’s Hospice Compare website: Rating of this hospice


Table Descriptions:

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who respond 9 or 10 out of 10, in response to the question below:

1. What number would you use to rate your family member's hospice care?


The possible responses include numbers from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible.

MEASURE ID: 40401081

Measure Title: Family caregivers who would definitely recommend this hospice to their friends and family

Measure title on CMS’s Hospice Compare website: Willing to recommend this hospice


Table Descriptions:

Geographic Representation: National, State
Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

**Data Sources:** CMS, CAHPS Hospice Survey

**Denominator:** Family caregivers of adult hospice patients

**Numerator:** Family caregivers of adult hospice patients who answer "Definitely yes" to the question below:

1. Would you recommend this hospice to your friends and family?

**Comments:** The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available [http://www.hospicecahpsurvey.org/en/scoring-and-analysis](http://www.hospicecahpsurvey.org/en/scoring-and-analysis).

The possible responses include "Definitely no", "Probably no", "Probably yes", and "Definitely yes".

**MEASURE ID:** 40401081

**Measure Title:** Family caregivers who would definitely recommend this hospice to their friends and family

**Measure title on CMS’s Hospice Compare website:** Willing to recommend this hospice

**Measure Source:** Centers for Medicare & Medicaid Services, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, gender, race, ethnicity, language, and education

**Data Sources:** CMS, CAHPS Hospice Survey

**Denominator:** Family caregivers of adult hospice patients

**Numerator:** Family caregivers of adult hospice patients who answer "Definitely yes" to the question below:

1. Would you recommend this hospice to your friends and family?

The possible responses include "Definitely no", "Probably no", "Probably yes", and "Definitely yes".

Chapter 5. Care Coordination

5.1 Transitions of Care

MEASURE ID: HCAHPS_4, 50101021

Measure Title: Adult hospital patients who did not receive good communication about discharge information

Measure Source: Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2009-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who did not receive good communication about discharge information

MEASURE ID: HCAHPS_5, 50101031

Measure Title: Adult hospital patients who strongly disagree or disagree that staff took their preferences and those of their family and caregiver into account when deciding what the patients discharge health care would be

Measure Source: Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State
Years Available: 2014-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who strongly disagree or disagree that staff took their preferences and those of their family and caregiver into account when deciding what the patients discharge health care would be

5.2 Medication Information

MEASURE ID: MEPS_37, 50201011

Measure Title: People with a usual source of care whose health provider usually asks about prescription medications and treatments from other doctors

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Adult disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who had a usual source of care and a valid response to the question, "Does [respondent's usual care provider] usually ask about prescription medications and treatments other doctors may give you?"

Numerator: Subset of the denominator who answered "Yes" to the question identified in the denominator

Comments: Usual source of care is defined as a particular doctor's office, clinic, health center, or other health care facility to which an individual usually would go to obtain health care service.
5.3 Preventable Emergency Department Visits

**MEASURE ID: HCUP_52, 50301022**

**Measure Title:** Emergency department visits with a first-listed diagnosis related to mental health only per 100,000 population

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region

**Data Sources:** AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

**Denominator:** U.S. resident population

**Numerator:** Emergency department visits in the U.S. with a first-listed diagnosis related to mental health disorders (see comments)

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM diagnosis codes related to mental health disorders include the following:

<table>
<thead>
<tr>
<th>ICD-10-CM DIAGNOSIS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>'F064'</td>
<td>Anxiety disorder due to known physiological condition</td>
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<tr>
<td>'F4000'</td>
<td>Agoraphobia, unspecified</td>
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<tr>
<td>'F4001'</td>
<td>Agoraphobia with panic disorder</td>
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<tr>
<td>'F4002'</td>
<td>Agoraphobia without panic disorder</td>
</tr>
<tr>
<td>'F4010'</td>
<td>Social phobia, unspecified</td>
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<tr>
<td>'F4011'</td>
<td>Social phobia, generalized</td>
</tr>
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<td>'F40210'</td>
<td>Arachnophobia</td>
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<tr>
<td>'F40218'</td>
<td>Other animal type phobia</td>
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<td>'F40220'</td>
<td>Fear of thunderstorms</td>
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<tr>
<td>'F40228'</td>
<td>Other natural environment type phobia</td>
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<td>'F40230'</td>
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<td>-------------</td>
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<tr>
<td>'F40231'</td>
<td>Fear of injections and transfusions</td>
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<tr>
<td>'F40232'</td>
<td>Fear of other medical care</td>
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<tr>
<td>'F40233'</td>
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<td>'F40242'</td>
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<td>Fear of flying</td>
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<td>'F40248'</td>
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<td>'F40290'</td>
<td>Androphobia</td>
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<td>'F40291'</td>
<td>Gynephobia</td>
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<td>'F40298'</td>
<td>Other specified phobia</td>
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<tr>
<td>'F408'</td>
<td>Other phobic anxiety disorders</td>
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<td>'F409'</td>
<td>Phobic anxiety disorder, unspecified</td>
</tr>
<tr>
<td>'F410'</td>
<td>Panic disorder [episodic paroxysmal anxiety]</td>
</tr>
<tr>
<td>'F411'</td>
<td>Generalized anxiety disorder</td>
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<td>'F413'</td>
<td>Other mixed anxiety disorders</td>
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<td>'F418'</td>
<td>Other specified anxiety disorders</td>
</tr>
<tr>
<td>'F419'</td>
<td>Anxiety disorder, unspecified</td>
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<tr>
<td>'F422'</td>
<td>Mixed obsessional thoughts and acts</td>
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<tr>
<td>'F423'</td>
<td>Hoarding disorder</td>
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<tr>
<td>'F424'</td>
<td>Excoriation (skin-picking) disorder</td>
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<td>'F428'</td>
<td>Other obsessive-compulsive disorder</td>
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<td>Obsessive-compulsive disorder, unspecified</td>
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<td>'F4311'</td>
<td>Post-traumatic stress disorder, acute</td>
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<td>'F930'</td>
<td>Separation anxiety disorder of childhood</td>
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<tr>
<td>'F940'</td>
<td>Selective mutism</td>
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<tr>
<td>'R466'</td>
<td>Undue concern and preoccupation with stressful events</td>
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<td>'F0633'</td>
<td>Mood disorder due to known physiol cond w manic features</td>
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<td>Mood disorder due to known physiol cond w mixed features</td>
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<td>Manic episode without psychotic symptoms, unspecified</td>
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<td>Manic episode without psychotic symptoms, moderate</td>
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<tr>
<td>'F3013'</td>
<td>Manic episode, severe, without psychotic symptoms</td>
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<tr>
<td>'F302'</td>
<td>Manic episode, severe with psychotic symptoms</td>
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<tr>
<td>'F303'</td>
<td>Manic episode in partial remission</td>
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<tr>
<td>'F308'</td>
<td>Other manic episodes</td>
</tr>
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<td>Manic episode, unspecified</td>
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<tr>
<td>'F310'</td>
<td>Bipolar disorder, current episode hypomanic</td>
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<td>Bipolar disorder, crnt episode manic w/o psych features, unsp</td>
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<td>ICD-10-CM DIAGNOSIS</td>
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<td>Bipolar disorder, current episode manic w/o psych features, severe</td>
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<td>Bipolar disorder, current episode manic severe w psych features</td>
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<td>Bipolar disorder, current episode depress, mild or mod severe, unspecified</td>
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<td>Bipolar disorder, current episode depressed, mild</td>
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<td>Bipolar disorder, current episode depressed, moderate</td>
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<tr>
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<td>Bipolar disorder, current episode depress, severe, w/o psych features</td>
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<td>Bipolar disorder, current episode depress, severe, w psych features</td>
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<tr>
<td>'F3160'</td>
<td>Bipolar disorder, current episode mixed, unspecified</td>
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<td>Bipolar disorder, current episode mixed, mild</td>
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<td>Bipolar disorder, current episode mixed, moderate</td>
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<td>Bipolar disorder, current episode mixed, severe, w/o psych features</td>
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<td>'F3164'</td>
<td>Bipolar disorder, current episode mixed, severe, w psych features</td>
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<td>'F3171'</td>
<td>Bipolar disorder, in partial remission, most recent episode hypomanic</td>
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<td>Bipolar disorder, in partial remission, most recent episode manic</td>
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<tr>
<td>'F3175'</td>
<td>Bipolar disorder, in partial remission, most recent episode depress</td>
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<td>'F3177'</td>
<td>Bipolar disorder, in partial remission, most recent episode mixed</td>
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<td>Other bipolar disorder</td>
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<td>Major depressive disorder, single episode, moderate</td>
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<td>Major depressive disorder, single episode, severe w/o psych features</td>
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<td>'F323'</td>
<td>Major depressive disorder, single episode, severe w psych features</td>
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<tr>
<td>'F324'</td>
<td>Major depressive disorder, single episode, in partial remission</td>
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<tr>
<td>'F328'</td>
<td>Other depressive episodes</td>
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<td>Premenstrual dysphoric disorder</td>
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<tr>
<td>'F3289'</td>
<td>Other specified depressive episodes</td>
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<tr>
<td>'F329'</td>
<td>Major depressive disorder, single episode, unspecified</td>
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<td>Major depressive disorder, recurrent, mild</td>
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<td>'F331'</td>
<td>Major depressive disorder, recurrent, moderate</td>
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<tr>
<td>'F332'</td>
<td>Major depressive disorder, recurrent severe w/o psych features</td>
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<td>'F333'</td>
<td>Major depressive disorder, recurrent, severe w psych symptoms</td>
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<tr>
<td>'F3341'</td>
<td>Major depressive disorder, recurrent, in partial remission</td>
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<td>Other recurrent depressive disorders</td>
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<tr>
<td>'F341'</td>
<td>Dysthymic disorder</td>
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<tr>
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<td>Other persistent mood [affective] disorders</td>
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<td>Disruptive mood dysregulation disorder</td>
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<td>Other specified persistent mood disorders</td>
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<td>Persistent mood [affective] disorder, unspecified</td>
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<td>Unspecified mood [affective] disorder</td>
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<tr>
<td>'F631'</td>
<td>Pyromania</td>
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<td>'F632'</td>
<td>Kleptomania</td>
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<td>Other impulse disorders</td>
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<td>Impulse disorder, unspecified</td>
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<td>'F910'</td>
<td>Conduct disorder confined to family context</td>
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<td>Conduct disorder, childhood-onset type</td>
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<td>Conduct disorder, adolescent-onset type</td>
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<td>Other conduct disorders</td>
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<td>'F919'</td>
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<td>'F440'</td>
<td>Dissociative amnesia</td>
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<td>Dissociative fugue</td>
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<td>Dissociative stupor</td>
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<td>'F4481'</td>
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<td>'F4489'</td>
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<td>'F502'</td>
<td>Bulimia nervosa</td>
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<td>Avoidant/restrictive food intake disorder</td>
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<td>Other feeding disorders of infancy and early childhood</td>
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<td>'F641'</td>
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<td>'F0151'</td>
<td>Vascular dementia with behavioral disturbance</td>
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<td>'F0280'</td>
<td>Dementia in oth diseases classd elswhr w/o behavrl disturb</td>
</tr>
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<td>'F0281'</td>
<td>Dementia in oth diseases classd elswhr w behavioral disturb</td>
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<td>'F0390'</td>
<td>Unspecified dementia without behavioral disturbance</td>
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<td>'F0391'</td>
<td>Unspecified dementia with behavioral disturbance</td>
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<td>'F04'</td>
<td>Amnestic disorder due to known physiological condition</td>
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<tr>
<td>'F05'</td>
<td>Delirium due to known physiological condition</td>
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<td>'F0781'</td>
<td>Postconcussional syndrome</td>
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<td>'F0789'</td>
<td>Oth personality &amp; behavrl disord due to known physiol cond</td>
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<tr>
<td>'F079'</td>
<td>Unsp personality &amp; behavrl disord due to known physiol cond</td>
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<td>'F482'</td>
<td>Pseudobulbar affect</td>
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<tr>
<td>'G300'</td>
<td>Alzheimer's disease with early onset</td>
</tr>
<tr>
<td>'G301'</td>
<td>Alzheimer's disease with late onset</td>
</tr>
<tr>
<td>'G308'</td>
<td>Other Alzheimer's disease</td>
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<tr>
<td>'G309'</td>
<td>Alzheimer's disease, unspecified</td>
</tr>
<tr>
<td>'G3101'</td>
<td>Pick's disease</td>
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<td>'G3109'</td>
<td>Other frontotemporal dementia</td>
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<td>Senile degeneration of brain, not elsewhere classified</td>
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<td>Dementia with Lewy bodies</td>
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<td>'R4181'</td>
<td>Age-related cognitive decline</td>
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<td>Age-related physical debility</td>
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<td>Mild intellectual disabilities</td>
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<td>'F71'</td>
<td>Moderate intellectual disabilities</td>
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<td>'F72'</td>
<td>Severe intellectual disabilities</td>
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<td>Other intellectual disabilities</td>
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<td>Speech and language development delay due to hearing loss</td>
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<td>'F8081'</td>
<td>Childhood onset fluency disorder</td>
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<td>'F8082'</td>
<td>Social pragmatic communication disorder</td>
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<td>ICD-10-CM DIAGNOSIS</td>
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<td>Tourette's disorder</td>
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<td>Schizoaffective disorder, depressive type</td>
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<td>Other schizoaffective disorders</td>
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<td>Sexual aversion disorder</td>
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<td>Male orgasmic disorder</td>
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<td>Premature ejaculation</td>
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<td>Other sexual disorders</td>
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<td>Psychophysiologic insomnia</td>
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<td>'F5113'</td>
<td>Hypersomnia due to other mental disorder</td>
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<tr>
<td>'F513'</td>
<td>Sleepwalking [somnambulism]</td>
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<td>'F514'</td>
<td>Sleep terrors [night terrors]</td>
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<td>'F515'</td>
<td>Nightmare disorder</td>
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<td>DESCRIPTION</td>
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<td>Sleep disorder not due to a sub or known physiol cond, unsp</td>
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<td>Conversion disorder with motor symptom or deficit</td>
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<tr>
<td>'F445'</td>
<td>Conversion disorder with seizures or convulsions</td>
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<tr>
<td>'F446'</td>
<td>Conversion disorder with sensory symptom or deficit</td>
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<tr>
<td>'F447'</td>
<td>Conversion disorder with mixed symptom presentation</td>
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<tr>
<td>'F450'</td>
<td>Somatization disorder</td>
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<tr>
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<td>Undifferentiated somatoform disorder</td>
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<td>Hypochondriacal disorder, unspecified</td>
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<td>Other hypochondriacal disorders</td>
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<td>Pain disorder with related psychological factors</td>
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<td>'R45851'</td>
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<td>'T1491'</td>
<td>Suicide attempt (through FY 2017)</td>
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<td>Suicide attempt, initial encounter</td>
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<td>Poisoning by penicillins, intentional self-harm, init encntr</td>
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<td>Poisoning by aminoglycosides, intentional self-harm, init</td>
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<td>Poisoning by rifampicins, intentional self-harm, init encntr</td>
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<td>Poisoning by antimycobacterial drugs, self-harm, init</td>
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<td>Poisin by antimalaria/drugs act on bld protozoa, slf-hrm, init</td>
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<td>Poisoning by cannabis (derivatives), self-harm, init</td>
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<td>'T413X2A'</td>
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<td>Poisoning by iminostilbenes, intentional self-harm, init</td>
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<td>Toxic effect of rodenticides, intentional self-harm, init</td>
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<td>Scombroid fish poisoning, intentional self-harm, init encntr</td>
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<td>Other fish poisoning, intentional self-harm, init encntr</td>
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<td>Oth shellfish poisoning, intentional self-harm, init encntr</td>
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<td>Toxic effect of ingested (parts of) plant(s), slf-hrm, init</td>
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<td>'T6292XA'</td>
<td>Toxic eff of unsp noxious sub eaten as food, slf-hrm, init</td>
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<td>Toxic effect of coral snake venom, self-harm, init</td>
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<td>Toxic effect of taipan venom, intentional self-harm, init</td>
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<td>Toxic effect of cobra venom, intentional self-harm, init</td>
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<td>Toxic effect of venom of N &amp; S American snake, slf-hrm, init</td>
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<td>Toxic effect of venom of Australian snake, self-harm, init</td>
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<td>Toxic effect of venom of snake, intentional self-harm, init</td>
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<td>Toxic effect of venom of gila monster, self-harm, init</td>
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<td>'T63122A'</td>
<td>Toxic effect of venom of venomous lizard, self-harm, init</td>
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<td>Toxic effect of venom of reptiles, self-harm, init</td>
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<td>Toxic effect of venom of black widow spider, self-harm, init</td>
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<td>Toxic effect of venom of tarantula, self-harm, init</td>
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<td>Toxic effect of venom of brown recluse spider, slf-hrm, init</td>
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<td>Toxic effect of venom of spider, intentional self-harm, init</td>
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<td>Toxic effect of venom of centipede/millipede, slf-hrm, init</td>
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<td>'T63422A'</td>
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<td>Toxic effect of venom of caterpillars, self-harm, init</td>
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<td>Toxic effect of venom of bees, intentional self-harm, init</td>
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<td>'T63452A'</td>
<td>Toxic effect of venom of hornets, self-harm, init</td>
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<td>Toxic effect of venom of wasps, intentional self-harm, init</td>
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<td>Toxic effect of venom of arthropod, self-harm, init</td>
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<td>Toxic effect of contact w stingray, self-harm, init</td>
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<td>Toxic effect of contact w oth venomous fish, self-harm, init</td>
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<td>Toxic effect of contact w sea anemone, self-harm, init</td>
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<td>Toxic eff of cntct w oth venom marine animals, slf-hrm, init</td>
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<td>Toxic effect of contact w venomous frog, self-harm, init</td>
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<td>Toxic effect of contact w venomous toad, self-harm, init</td>
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<td>Toxic effect of contact w oth venomous amphib, slf-hrm, init</td>
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<td>'T63892A'</td>
<td>Toxic effect of contact w oth venom animals, slf-hrm, init</td>
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<td>Toxic effect of aflatoxin, intentional self-harm, init</td>
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<td>'T6482XA'</td>
<td>Toxic effect of mycotoxin food contaminants, self-harm, init</td>
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<td>Toxic effect of cyanides, intentional self-harm, init encntr</td>
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<td>'T651X2A'</td>
<td>Toxic effect of strychnine and its salts, self-harm, init</td>
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<td>'T65212A'</td>
<td>Toxic effect of chewing tobacco, intentional self-harm, init</td>
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<td>'T65222A'</td>
<td>Toxic effect of tobacco cigarettes, self-harm, init</td>
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<td>Toxic effect of tobacco and nicotine, self-harm, init</td>
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<td>Tox eff of nitrodrv/aminodrv of benzln/homolog, slf-hrm, init</td>
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<td>Toxic effect of carbon disulfide, self-harm, init</td>
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<td>Tox eff of nitro &amp; oth nitric acids &amp; esters, slf-hrm, init</td>
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<td>Toxic eff of harmful algae and algae toxins, slf-hrm, init</td>
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<td>Toxic effect of fiberglass, intentional self-harm, init</td>
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<td>Toxic effect of oth substances, intentional self-harm, init</td>
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<td>Toxic effect of unsp substance, intentional self-harm, init</td>
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<td>Asphyxiation due to smothering under pillow, self-harm, init</td>
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<td>Asphyxiation due to plastic bag, intentional self-harm, init</td>
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<td>Asphyx due to being trapped in bed linens, self-harm, init</td>
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<td>'T71152A'</td>
<td>Asphyxiation due to smothering in furniture, self-harm, init</td>
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<td>Asphyxiation due to hanging, intentional self-harm, init</td>
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<td>Asphyx due to being trapped in a (discarded) refrig, slf-hrm, init</td>
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<td>Intentional self-harm by drown while in swimming pool, init</td>
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<td>Self-harm by drown after jump into swimming pool, init</td>
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<td>Intentional self-harm by drown in natural water, init</td>
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<td>'X718XXA'</td>
<td>Oth intentional self-harm by drowning and submersion, init</td>
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<td>Intentional self-harm by drowning and submersion, unsp, init</td>
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<td>Intentional self-harm by handgun discharge, init encntr</td>
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<td>Intentional self-harm by hunting rifle discharge, init</td>
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<td>'X732XXA'</td>
<td>Intentional self-harm by machine gun discharge, init encntr</td>
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<td>Intentional self-harm by oth larger firearm discharge, init</td>
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<td>Intentional self-harm by unsp larger firearm discharge, init</td>
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<td>Self-harm by oth gas, air or spring-operated gun, init</td>
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<td>Intentional self-harm by unsp firearm discharge, init encntr</td>
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<td>Intentional self-harm by unsp hot objects, init encntr</td>
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<td>Intentional self-harm by sword or dagger, initial encounter</td>
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<td>Intentional self-harm by other sharp object, init encntr</td>
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<td>Intentional self-harm by unsp sharp object, init encntr</td>
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<td>Intentional self-harm by jumping from a high place, init</td>
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<td>Self-harm by jumping or lying in front of mtr veh, init</td>
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<td>'X811XXA'</td>
<td>Slf-hrm by jumping or lying in front of (subway) train, init</td>
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<td>'X818XXA'</td>
<td>Slf-hrm by jumping or lying in front of moving object, init</td>
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<td>Intentional collision of motor vehicle w mtr veh, init</td>
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<td>Oth intentional self-harm by crashing of motor vehicle, init</td>
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<td>'X830XXA'</td>
<td>Intentional self-harm by crashing of aircraft, init encntr</td>
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<td>Intentional self-harm by electrocution, initial encounter</td>
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<td>'X832XXA'</td>
<td>Intentional self-harm by exposure to extremes of cold, init</td>
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<td>'X838XXA'</td>
<td>Intentional self-harm by other specified means, init encntr</td>
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<td>'F59'</td>
<td>Unsp behavrl synd assoc w physiol disturb and physcl factors</td>
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<td>'F988'</td>
<td>Oth behav/emotn disord w onset usly occur in chldhd and adol</td>
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<td>'F989'</td>
<td>Unsp behav/emotn disord w onset usly occur in chldhd and adol</td>
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<td>Unhappiness</td>
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<td>Demoralization and apathy</td>
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<td>'R454'</td>
<td>Irritability and anger</td>
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<td>Violent behavior</td>
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<td>State of emotional shock and stress, unspecified</td>
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<td>'R4581'</td>
<td>Low self-esteem</td>
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<tr>
<td>'R4582'</td>
<td>Worries</td>
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<td>'R4583'</td>
<td>Excessive crying of child, adolescent or adult</td>
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<td>'R4584'</td>
<td>Anhedonia</td>
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<td>'R4586'</td>
<td>Emotional lability</td>
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<td>'R4589'</td>
<td>Other symptoms and signs involving emotional state</td>
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<tr>
<td>'R460'</td>
<td>Very low level of personal hygiene</td>
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<tr>
<td>'R461'</td>
<td>Bizarre personal appearance</td>
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<tr>
<td>'R462'</td>
<td>Strange and inexplicable behavior</td>
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<tr>
<td>'R463'</td>
<td>Overactivity</td>
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<td>'R464'</td>
<td>Slowness and poor responsiveness</td>
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<tr>
<td>'R465'</td>
<td>Suspiciousness and marked evasiveness</td>
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<tr>
<td>'R467'</td>
<td>Verbosity and circumstantial detail obscuring rsn for cntct</td>
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<tr>
<td>'R4689'</td>
<td>Other symptoms and signs involving appearance and behavior</td>
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<td>Post-traumatic stress disorder, unspecified</td>
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<td>Adjustment disorder, unspecified</td>
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<td>Adjustment disorder with depressed mood</td>
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<td>Adjustment disorder with anxiety</td>
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<tr>
<td>'F4323'</td>
<td>Adjustment disorder with mixed anxiety and depressed mood</td>
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<td>'F4324'</td>
<td>Adjustment disorder with disturbance of conduct</td>
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<td>'F4325'</td>
<td>Adjustment disorder w mixed disturb of emotions and conduct</td>
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<td>'F4329'</td>
<td>Adjustment disorder with other symptoms</td>
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<td>'F438'</td>
<td>Other reactions to severe stress</td>
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<tr>
<td>'F941'</td>
<td>Reactive attachment disorder of childhood</td>
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<td>'F942'</td>
<td>Disinhibited attachment disorder of childhood</td>
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The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_53, 50301023**

**Measure Title:** Emergency department visits with a first-listed diagnosis related to substance abuse only, per 100,000 population

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, sex, geographic location (residence), median household income of the patient’s ZIP Code, region

**Data Sources:** AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

**Denominator:** U.S. resident population

**Numerator:** Emergency department visits in the U.S. with a first-listed diagnosis related to substance use (see comments)

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM diagnosis codes related to substance use include the following:
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<th>ICD-10-CM DIAGNOSIS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Cocaine abuse with intoxication with delirium</td>
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<td>'F14150'</td>
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<tr>
<td>'F14151'</td>
<td>Cocaine abuse w cocaine-induc psychotic disorder w hallucin</td>
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The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data [https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp](https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_54, 50301024**

**Measure Title:** Emergency department visits with a first-listed diagnosis related to co-occurring of mental health, alcohol and substance abuse, per 100,000 population

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)
Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region of hospital

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population age 18 and over

Numerator: Emergency department visits in the U.S. with a first-listed diagnosis related to mental health disorders and a secondary diagnosis related to substance use, or a first-listed diagnosis related to substance use and a secondary diagnosis related to mental health disorders (see comments)

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM coding for mental health disorders listed under Measure ID HCUP_52; ICD-10-CM coding for substance use listed under Measure ID HCUP_53.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_55, 50301031

Measure Title: Emergency department visits with a principal diagnosis related to dental conditions per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)
Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, sex, geographic location (residence), median household income of the patient's ZIP Code

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population, all ages


Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_13, 50301041

Measure Title: Potentially avoidable emergency department encounters for asthma, adults ages 18-39

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)
Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region of the United States

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS) and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population ages 18 to 39

Numerator: Number of emergency department visits with a first-listed diagnosis of asthma

Comments: The AHRQ QI software requires asthma to be the first-listed diagnosis.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_56, 50301042

Measure Title: Potentially avoidable emergency department encounters for asthma, children ages 2-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017
Population Subgroups: Age, sex, geographic location (residence), median household income of patient’s ZIP Code, region

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS), and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population ages 2 to 17

Numerator: Emergency department visits in the U.S. with a first-listed diagnosis of asthma

Comments: The AHRQ PDI software requires that asthma must be the first-listed diagnosis and the following cases are excluded: admissions with cystic fibrosis or anomalies of the respiratory system, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: NHAMCS_13, 50301043

Measure Title: Children ages 2-19 who visited emergency department for asthma

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey

Table Descriptions:

Geographic Representation: National


Population Subgroups: Sex, race/ethnicity, health insurance status, geographic location (patient)

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey
Denominator: U.S. civilian population ages 2-19

Numerator: Number of visits to an emergency department with a first-listed diagnosis of asthma among children ages 2-19

MEASURE ID: NHAMCS_13, 50301044

Measure Title: Children ages 2-9 who visited emergency department for asthma

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey

Table Descriptions:

Geographic Representation: National


Population Subgroups: Sex, race/ethnicity, health insurance status, geographic location (patient)

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey

Denominator: U.S. civilian population ages 2-9

Numerator: Number of visits to an emergency department with a first-listed diagnosis of asthma among children ages 2-9

MEASURE ID: NHAMCS_13, 50301045

Measure Title: Children ages 10-19 who visited emergency department for asthma

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey

Table Descriptions:

Geographic Representation: National


Population Subgroups: Sex, race/ethnicity, health insurance status, geographic location (patient)

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey
**Denominator:** U.S. civilian population ages 10-19

**Numerator:** Number of visits to an emergency department with a first-listed diagnosis of asthma among children ages 10-19

### 5.4 Preventable Hospitalizations

**MEASURE ID:** HCUP_32, 50401011

**Measure Title:** Hospital admissions for uncontrolled diabetes without complications per 100,000 population, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, median household income of patient’s ZIP Code, location of residence, region

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population, age 18 years and over.

**Numerator:** Hospital admissions of adults age 18 and over with discharges with a principal diagnosis of uncontrolled diabetes and without mention of short-term or long-term complications

**Comments:** Obstetric admissions and transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.
For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_33, 50401021**

**Measure Title:** Hospital admissions for short-term complications of diabetes per 100,000 population, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, median household income of patient’s ZIP Code, location of residence, region

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population age 18 and over

**Numerator:** Adult discharges age 18 and over with a principal diagnosis of diabetes with short-term complications.

**Comments:** The AHRQ PQI software requires diabetes to be the principal diagnosis and short-term complications include ketoacidosis, hyperosmolarity, and coma. Transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_34, 50401022**

**Measure Title:** Hospital admissions for short-term complications of diabetes per 100,000 population, children ages 6-17

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, median household income of patient's ZIP Code, location of residence, region

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population ages 6-17
**Numerator:** Pediatric discharges ages 6-17 with a principal diagnosis of diabetes with short-term complications. Consistent with the AHRQ PDI software, diabetes must be the principal diagnosis and short-term complications include ketoacidosis, hyperosmolarity, and coma. Transfers from other institutions are excluded.

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** HCUP_35, 50401031

**Measure Title:** Hospital admissions for long-term complications of diabetes per 100,000 population, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017
Population Subgroups: Age, sex, median household income of patient's ZIP Code, location of residence, region

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population age 18 and over

**Numerator:** Hospitalization of adults age 18 and over with hospital inpatient discharges with a principal diagnosis code for diabetes with long-term complications.

**Comments:** The AHRQ PQI software requires diabetes to be the principal diagnosis and long-term complications include renal, eye, neurologic, circulatory, and other unspecified complications. Transfers from other institutions and obstetric admissions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data ([https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp](https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).

**MEASURE ID:** HCUP_43, 50401041

**Measure Title:** Hospital admissions for lower extremity amputations among admissions for diabetes per 100,00 population, age 18 and over
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population of adults age 18 and older

**Numerator:** Hospitalizations of adults with a procedure for lower-extremity amputation and a diagnosis of diabetes.

**Comments:** The AHRQ PQI software requires a procedure code for lower-extremity amputation and a diagnosis of diabetes to be present. Exclusions include admissions for toe amputation or traumatic amputations of the lower extremity, obstetric discharges, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.
For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** HCUP_39, 50401071

**Measure Title:** Hospital admissions for asthma per 100,000 population, ages 18-39

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, location of residence, median household income of patient’s ZIP Code, region

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population of adults age 18 to 39

**Numerator:** Hospitalization of adults ages 18-39 with hospital inpatient discharges with a principal diagnosis code of asthma

**Comments:** The AHRQ PQI software requires asthma to be the principal diagnosis on admissions ages 18 to 39 years old, and the following cases are excluded: admissions with cystic fibrosis or anomalies of the respiratory system and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.
For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_59, 50401072

Measure Title: Hospital admissions for asthma per 100,000 population, ages 2-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient’s ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population of adults ages 2 to 17

Numerator: Hospitalization of children ages 2-17 with a principal diagnosis code of asthma

Comments: The AHRQ PDI software requires asthma to be the principal diagnosis. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

5.5 Preventable Hospitalizations Among Home Health and Nursing Home Patients

**MEASURE ID: HCUP_60, 50601031**

**Measure Title:** Hospital admissions for perforated appendix per 1,000 admissions with appendicitis, children

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01
**Denominator:** Discharges ages 1-17 with principal or secondary diagnosis of appendicitis, excluding obstetric admissions and transfers from other institutions

**Numerator:** Subset of the denominator with principal or secondary diagnosis code for perforation or abscess of appendix

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** OASIS_19, 50501042

**Measure Title:** Home health care patients who had an emergency department visit and then hospitalized

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State
Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the year, excluding episodes for which the emergency department use is unknown at transfer or discharge, the episode of care ended in death at home

**Numerator:** Number of home health quality episodes where the transfer to inpatient facility assessment indicates the patient required emergency medical treatment from a hospital emergency department, with hospital admission

**Comments:** Further information about HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/). The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

### 5.6 Potentially Harmful Services Without Benefit

**MEASURE ID:** HCUP_60, 50601031

**Measure Title:** Hospital admissions for perforated appendix per 1,000 admissions with appendicitis, children

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Discharges ages 1-17 with principal or secondary diagnosis of appendicitis, excluding obstetric admissions and transfers from other institutions
**Numerator:** Subset of the denominator with principal or secondary diagnosis code for perforation or abscess of appendix

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**5.7 Supportive & Palliative Care**

**MEASURE ID:** OASIS_7, 50701011

**Measure Title:** Home health care patients who had an emergency department visit without a hospitalization

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013-2017
Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health stays that begin during the 12-month observation period

**Numerator:** Subset of the denominator with a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the home health stay

**Comments:** Further information about HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/). The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**MEASURE ID:** OASIS_10, 50701021

**Measure Title:** Home health care patients who had to be admitted to the hospital

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, excluding episodes that end in patient death

**Numerator:** Number of home health quality episodes for which the assessment completed at the conclusion of the episode indicates the patient was admitted to a hospital for a reason other than a scheduled treatment or procedure

**Comments:** Hospitalization may be for emergent, urgent, or elective conditions. Further information about risk adjustment and the HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/). The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.
MEASURE ID: OASIS_20, 50701031

Measure Title: Home health patients who had timely initiation of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with discharge, death, or transfer to inpatient facility during the year

Numerator: Number of home health quality episodes in which the start or resumption of care date was either on the physician-specified date or within 2 days of the referral date or inpatient discharge date, whichever is later

Comments: Further information about risk adjustment and the HHQI measures is available at: http://www.cms.hhs.gov/HomeHealthQualityInits/. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

MEASURE ID: HHCAHPS_5, 50701041

Measure Title: Adults who reported that home health providers always seem informed and up-to-date about all the cares or treatments they got at home in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services, Home Health Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2012-2018

Population Subgroups: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS
Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?", excluding non-respondents and respondents indicating "only had one provider in the last 2 months of care"

Numerator: Subset of the denominator who responded "always" to the above question

5.8 Potentially Avoidable Admissions

MEASURE ID: HCUP_22, 50801011

Measure Title: Hospital admissions for hypertension per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, median household income of the patient's ZIP Code, urbanized location, and region of the United States

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population age 18 and over

Numerator: Number of hospitalizations with principal diagnosis of hypertension, excluding patients with cardiac procedures, obstetric admissions, and transfers from other institutions

Comments: The AHRQ PQI software requires hypertension to be the principal diagnosis. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition
to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_24, 50801031**

**Measure Title:** Hospital admissions for chronic obstructive pulmonary disease or asthma per 100,000 population, adults age 40 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: age, sex, race/ethnicity, median household income of the patient’s ZIP Code, urbanized location, and region of the United States

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population age 40 and over

**Numerator:** Adults age 40 and over with hospital admissions and principal diagnosis of COPD, asthma, or acute bronchitis with COPD as a secondary diagnosis

**Comments:** The AHRQ PQI software requires the principal diagnosis to be COPD, asthma, or acute bronchitis with COPD as a secondary diagnosis. Transfers from other institutions are
excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_25, 50801041

Measure Title: Hospital admissions for bacterial pneumonia per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, and region of the United States
**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population age 18 and over

**Numerator:** Adults age 18 and over with hospital admissions and with a principal diagnosis of bacterial pneumonia, excluding sickle cell or hemoglobin-S conditions, and transfers from other institutions

**Comments:** The AHRQ PQI software requires bacterial pneumonia to be the principal diagnosis. Admissions for sickle cell disease or HB-S disease, admissions in an immunocompromised state, and transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** HCUP_46, 50801051

**Measure Title:** Admissions for urinary tract infection (UTI) per 100,000 population, age 18 and over
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population of adults age 18 and older

**Numerator:** Hospital admissions of adults with a principal diagnosis of UTI.

**Comments:** The AHRQ PQI software requires UTI to be the principal diagnosis and exclusions include the following: admissions with kidney or urinary tract disorders, admissions in an immunocompromised state, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.
For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_61, 50801052**

**Measure Title:** Admissions for urinary tract infection (UTI) per 100,000 population, ages 3 months to 17 years

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States,

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population of children ages 3 months to 17 years

**Numerator:** Hospital inpatient discharges with a principal diagnosis of UTI in the denominator.

**Comments:** The AHRQ PDI software require UTI to be the principal diagnosis. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission.
(POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_62, 50801061**

**Measure Title:** Admissions for pediatric gastroenteritis per 100,000 population, ages 3 months to 17 years

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population of children ages 3 months to 17 years

**Numerator:** Hospital inpatient discharges of children ages 3 months to 17 years with a principal diagnosis or a secondary diagnosis with a principal diagnosis of dehydration.

**Comments:** The AHRQ PDI software requires gastroenteritis to be the principal diagnosis or a secondary diagnosis with a principal diagnosis of dehydration. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID
encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

Chapter 6. Effectiveness of Care

6.1 Cancer

6.1.1 Breast Cancer

**MEASURE ID: NCDB_2, 60101011**

**Measure Title:** Women with clinical Stage I-IIb breast cancer who received axillary node dissection or sentinel lymph node biopsy at the time of breast cancer surgery (lumpectomy or mastectomy)

**Measure Source:** Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2005 - 2016

National, 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)
Data Sources: National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Denominator: Women age 18 and over with stage I/IIb breast cancer who were surgically treated by breast-conserving surgery or mastectomy

Numerator: The subset of the denominator who received lymph node surgery (axillary node dissection or sentinel lymph node biopsy) at the time of their breast cancer surgery

Comments: There is not full agreement regarding the appropriate population (denominator) for this measure. In the most current draft form during production of the NHQR and NHDR, the measure specification from the National Quality Forum included only women with stage I/II cancer. Women classified as having stage III disease during lymph node surgery (based on four or more positive nodes) were excluded if their stage prior to surgery (i.e., clinical stage) was not recorded. This may artificially lower the rates for this measure.

MEASURE ID: NCDB_1, 60101021

Measure Title: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2005 - 2016

National, 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Denominator: Women under age 70 with American Joint Committee on Cancer (AJCC) stage I, II, or III primary invasive epithelial breast cancer that was surgically treated by breast-conserving surgery. Breast cancer diagnoses are known or assumed first or only cancer diagnosis, and patients were known to be alive within 1 year of their diagnosis

Numerator: Subset of denominator for whom radiation therapy to the breast was initiated within 1 year of date of diagnosis
**Comments:** Breast-conserving surgery is defined for this measure as surgical excision less than mastectomy. Includes only women who received all or part of their first course of treatment at a facility with a CoC-accredited cancer program.

**MEASURE ID:** NVSS_2, 60101031

**Measure Title:** Breast cancer deaths per 100,000 female population per year

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State


State: 2000-2017

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Denominator:** U.S. female resident population

**Numerator:** Number of female deaths per year due to breast cancer

**Comments:** This measure is referred to as measure C-3 in Healthy People 2020 documentation. Respondents for whom age is not reported are excluded from numerators

**MEASURE ID:** NCDB_1, 60101041

**Measure Title:** Radiation therapy was recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with 4 or more positive regional lymph nodes

**Measure Source:** Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State: 2005 - 2016

National: 2005 - 2016
Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Denominator:** Women with diagnosis of breast cancer and with 4 or more positive regional lymph nodes, excluding manually censored cases and metastatic disease

**Numerator:** Subset of denominator for whom Radiation therapy was recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer

**Comments:** NCDB refers this measure as MASTRT.

There is consensus that post-mastectomy radiation should be recommended for women with breast cancer and with >=4 positive regional lymph nodes. Numerous studies have shown a significant reduction in locoregional recurrence rates, disease-free survival rates, and even overall survival with this adjuvant therapy. As a result of this proven benefit, guidelines from both the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN) include this recommendation, which was also adopted by the Quality Integration Committee of the Commission on Cancer in May of 2012.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), BREAST MEASURE SPECIFICATIONS has more information.

**MEASURE ID: NCDB_1, 60101051**

**Measure Title:** Tamoxifen or third generation aromatase inhibitor was recommended or administered within 1 year of diagnosis for women with AJCC T1cN0M0 or stage IB to stage III hormone receptor-positive breast cancer

**Measure Source:** Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State: 2005 - 2016

National: 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)
Data Sources: National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Denominator: Women with diagnosis of AJCC T1cN0M0 or stage IB to stage III hormone receptor-positive breast cancer

Numerator: Subset of denominator for whom hormone therapy administered within 365 days following diagnosis or hormone therapy recommended, but not administered

Comments: NCDB refers this measure as HT or NQF # 0220.

There is extensive evidence that hormone (endocrine) therapy with hormone receptor positive breast cancer reduces the risk of local recurrence, contralateral breast cancer, distant recurrence, and death. Measure specifies use of Tamoxifen or third-generation aromatase inhibitor rather than specifying Tamoxifen for premenopausal and aromatase inhibitor for postmenopausal because of (a) difficulty in clearly identifying from records or administrative data the menopause status, and (b) variation in appropriate use of Tamoxifen in postmenopausal women and some reasonable use of aromatase inhibitor in premenopausal women with the use of ovarian suppression.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), BREAST MEASURE SPECIFICATIONS has more information.

MEASURE ID: NCDB_1, 60101061

Measure Title: Combination chemotherapy was recommended or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0MO or Stage IB-III hormone receptor negative breast cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic Representation: National, State

Years Available: State: 2005 - 2016

National: 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)
**Denominator:** Women under 70 with AJCC T1cN0MO or Stage IB-III hormone receptor negative breast cancer, excluding pathologic evidence of in situ or metastatic disease

**Numerator:** Subset of denominator for whom combination chemotherapy was recommended or administered within 4 months of diagnosis

**Comments:** NCDB refers this measure as MAC.

There is extensive documentation of the benefit of multi-agent chemotherapy in women with hormone receptor negative breast cancer. Chemotherapy reduces the risk of distant disease recurrence and death by about one-third. The restriction to women under age 70 is because this measure is for the purpose of provider accountability. There are limited data in women over age 70 to guide recommendations, and a higher fraction of these women have reasons to omit chemotherapy, including co-morbidity.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), BREAST MEASURE SPECIFICATIONS has more information.

### 6.1.2 Cervical Cancer

**MEASURE ID: 60102011**

**Measure Title:** Radiation therapy was completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer

**Measure Source:** Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State: 2005 - 2016

National: 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Denominator:** Women diagnosed with any stage of cervical cancer, excluding pathologic evidence of in situ or metastatic disease

**Numerator:** Subset of denominator for whom radiation therapy was completed within 60 days of initiation of radiation
Comments: NCDB refers this measure as CERRT.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), CERVIX MEASURE SPECIFICATIONS has more information.

MEASURE ID: 60102021

Measure Title: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic Representation: National, State

Years Available: State: 2005 - 2016

National: 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Denominator: Women diagnosed with any stage of cervical cancer and treated with primary radiation with curative intent

Numerator: Subset of denominator for whom radiation therapy was completed within 60 days of initiation of radiation

Comments: Although not fully documented in the literature, it is clear that radiation oncologists are using IMRT as a “replacement” for brachytherapy. Experts in cervical cancer routinely state that intracavitary brachytherapy for the treatment of locally advanced cervical cancer is perhaps the most important component of treatment and local disease control. Substituting IMRT for brachytherapy or omitting it entirely puts the patient at substantial risk of local recurrence and failure.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), CERVIX MEASURE SPECIFICATIONS has more information.
6.1.3 Colorectal Cancer

**MEASURE ID: NCDB_3, 60103011**

**Measure Title:** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer

**Measure Source:** Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State: 2005 - 2016
National: 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

**Denominator:** Adults age 18 and over with AJCC stage I, II, or III primary invasive epithelial colon cancer that underwent surgical resection (surgery more than local excision). Colon cancer diagnoses are known or assumed first or only cancer diagnosis

**Numerator:** Subset of denominator with 12 or more regional lymph nodes pathologically examined

**Comments:** Staging describes the severity of a person’s cancer based on the extent of the original (primary) tumor and whether cancer has spread in the body. Higher numbers indicate more extensive disease. Stage I, II, and III cancers indicate a larger tumor size or spread of the cancer beyond the organ in which it first developed to nearby lymph nodes or organs adjacent to the location of the primary tumor.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), COLON MEASURE SPECIFICATIONS has more information.

**MEASURE ID: NVSS_1, 60103021**

**Measure Title:** Colorectal cancer deaths per 100,000 population

**Measure Source:** Healthy People 2020
Table Descriptions:

Geographic Representation: National, State

Years Available: State: 2005 - 2016

National: 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)-Mortality

Denominator: U.S. resident population

Numerator: Number of deaths per year due to colorectal cancer

Comments: This measure is referred to as measure C-5 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

MEASURE ID: 60103031

Measure Title: Adjuvant chemotherapy was recommended or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III lymph node positive colon cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic Representation: National, State

Years Available: State: 2005 - 2016

National: 2005 - 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: National & State: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Denominator: Adults ages 18-79 and over with AJCC Stage III lymph node positive colon cancer. Colon cancer diagnoses are known or assumed first or only cancer diagnosis.
**Numerator:** Subset of denominator for whom adjuvant chemotherapy was recommended or administered within 4 months of diagnosis

**Comments:** There are substantial data that there is underuse and wide variation in the use of chemotherapy with Stage III colon cancer.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), COLON MEASURE SPECIFICATIONS has more information.

### 6.1.4 Other Cancers

**MEASURE ID: NVSS_3, 60104031**

**Measure Title:** Lung cancer deaths per 100,000 population

**Measure Source:** Healthy People 2020

**Table Descriptions:**

- **Geographic Representation:** National, State
- **Years Available:** State: 2000-2017
  - National: 2000-2017
- **Population Subgroups:** Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Denominator:** U.S. resident population

**Numerator:** Number of deaths per year due to lung cancer

**Comments:** This measure is referred to as measure C-2 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

**MEASURE ID: NVSS_4, 60104011**

**Measure Title:** Cancer deaths per 100,000 population

**Measure Source:** Healthy People 2020
Table Descriptions:

Geographic Representation: National, State

Years Available: State: 2000-2017

National: 2000-2017

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population

Numerator: Number of deaths per year due to any type of cancer

Comments: This measure is referred to as measure C-1 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

6.2 Cardiovascular Disease

6.2.1 Prevention of Heart Disease

MEASURE ID: NHANES_2, 60201011

Measure Title: Adults with hypertension with blood pressure less than 140/90 mm/Hg

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National


Population Subgroups: Age, education, sex, income, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: U.S. civilian noninstitutionalized adults age 18 and over with high blood pressure/hypertension, excluding pregnant women
**Numerator:** Subset of denominator whose mean systolic blood pressure is less than 140 mm Hg and mean diastolic blood pressure is less than 90 mm Hg

**Comments:** Controlled hypertension is defined as having an average blood pressure reading of < 140/90 mm/Hg. Percentages are age adjusted to the 2000 U.S. standard population, except where indicated, using three age groups: 18-39, 40-59, and 60 and over. This measure is referred to as measure HDS-12 in Healthy People 2020 documentation.

### 6.2.2 Treatment of Heart Attack

**MEASURE ID: HCUP_26, 60202011**

**Measure Title:** Deaths per 1,000 adult hospital admissions with acute myocardial infarction (AMI)

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Centers for Delivery Organization, and Markets (CDOM), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All hospital inpatient discharges among people age 18 and over with a principal diagnosis of AMI. Excluded from the denominator are obstetric admissions and patients transferring to another short-term hospital or missing a discharge disposition

**Numerator:** Subset of the denominator who died

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core...
set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 60202041

Measure Title: Median time in minutes outpatients with chest pain or possible heart attack from emergency department arrival to get electrocardiogram (ECG)

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic Representation: National, State

Years Available: 2016-2017

Population Subgroups: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting Program

Denominator: Emergency department outpatients with chest pain or possible heart attack, excluding patients with missing ED arrival time or missing the time of getting the electrocardiogram

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the time patients get the electrocardiogram
MEASURE ID: 60202051

Measure Title: Median time in minutes outpatients with chest pain or possible heart attack who got drugs to break up blood clots after arrival

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic Representation: National, State

Years Available: 2016-2017

Population Subgroups: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting Program

Denominator: Emergency department outpatients with chest pain or possible heart attack, excluding patients with missing ED arrival time or missing the time of getting drugs to break up blood clots after arrival

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the time patients get drugs to break up blood clots

Comments: This measure is referred as OP-5 by the HOQR. More information is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInitiatives/HospitalOutpatientQualityReportingProgram.html

MEASURE ID: 60202061

Measure Title: Outpatients with chest pain or possible heart attack who received fibrinolytic therapy within 30 minutes of arrival

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting Program

Table Descriptions:

Geographic Representation: National, State

Comments: This measure is referred as OP-1 by the HIQR program. More information is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInitiatives/HospitalOutpatientQualityReportingProgram.html
Years Available: 2016-2017

Population Subgroups: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting Program

**Denominator:** Emergency department outpatients with chest pain or possible heart attack, excluding patients with missing ED arrival time or missing the time of receiving fibrinolytic therapy

**Numerator:** Subset of the denominator who received fibrinolytic therapy within 30 minutes of ER arrival

**Comments:** This measure is referred as OP-2 by the HIQR program. More information is available at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html)

**MEASURE ID:** 60202071

**Measure Title:** Median time in minutes before outpatients with chest pain or possible heart attack were transferred to another hospital

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital outpatient Quality Reporting (HIQR) Program

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2016-2017

Population Subgroups: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting Program

**Denominator:** Emergency department outpatients with chest pain or possible heart attack and were discharged or transferred to a short-term general hospital for inpatient care or to a federal healthcare facility, excluding patients under 18 years of age, patients who received fibrinolytic administration, or patients with missing ED arrival or transfer time

**Numerator:** Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the time patients were transferred
Comments: This measure is referred as OP-3B by the HIQR program. More information is available at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInitits/HospitalOutpatientQualityReportingProgram.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInitits/HospitalOutpatientQualityReportingProgram.html)

6.2.3 Treatment of Heart Failure

MEASURE ID: HCUP_27, 60203021

Measure Title: Hospital admissions for heart failure (HF) per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, and region of the United States

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population, age 18 years and over

Numerator: Hospital admissions of adults age 18 and over with a principal diagnosis of HF, excluding transfers from other institutions, and cases with cardiac procedure codes

Comments: The AHRQ PQI software requires heart failure to be the principal diagnosis and exclusions include the following: admissions with cardiac procedures and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.
For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_28, 60203031

Measure Title: Deaths per 1,000 adult hospital admissions with heart failure (HF)

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: All discharges among people age 18 and over with principal diagnosis code of HF, excluding transfers to another short-term hospital, obstetric admissions, and cases with a missing discharge disposition

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

6.2.4 Surgery for Heart and Vascular Disease

**MEASURE ID: HCUP_29, 60204011**

**Measure Title:** Deaths per 1,000 adult hospital admissions with abdominal aortic aneurysm (AAA) repair

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01
**Denominator:** Discharges age 18 years and over with an AAA repair code in any procedure field and a diagnosis of AAA in any field, excluding obstetric admissions, transfers to another short-term hospital, and cases with a missing discharge disposition

**Numerator:** Subset of the denominator who died

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** HCUP_30, 60204021

**Measure Title:** Deaths per 1,000 hospital admissions with coronary artery bypass graft surgery (CABG), age 40 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

**Table Descriptions:**

Geographic Representation: National
Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Hospital inpatient discharges, age 40 and over, with a CABG in any procedure field, excluding obstetric admissions and transfers to another hospital

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).
MEASURE ID: HCUP_30, 60204021

Measure Title: Deaths per 1,000 hospital admissions with coronary artery bypass graft surgery (CABG), age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets (CDOM), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016

Population Subgroups: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status of hospital

Data Sources: AHRQ, CDOM, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 7.0.1

Denominator: Hospital inpatient discharges, age 40 and over, with a CABG in any procedure field, excluding obstetric admissions and transfers to another hospital

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 7.0.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that
failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2016, the nationally weighted analysis file includes data from 34 SID and over 30.2 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_31, 60204031**

**Measure Title:** Deaths per 1,000 hospital admissions with percutaneous transluminal coronary angioplasty (PTCA), age 40 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Hospital inpatient discharges, age 40 and over, with PTCA in any procedure field, excluding obstetric admissions, transfers to another hospital, and cases with a missing discharge disposition

**Numerator:** Subset of the denominator who died

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core
set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

6.2.5 Stroke

**MEASURE ID: 60205041**

**Measure Title:** Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at hospital within 3 hours (less than or equal to 180 minutes) of time last known well

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013 to 2016

Population Subgroups: Age, sex, race/ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Inpatient Quality Reporting (Hospital IQR) Program

**Denominator:** Acute ischemic stroke patients age 18 and over whose time of arrival is within 2 hours (less than or equal to 120 minutes) of time last known well.
**Numerator:** Acute ischemic stroke patients for whom IV alteplase was initiated at this hospital within 3 hours (less than or equal to 180 minutes) of time last known well.

**Comments:** Excluding:

- Patients less than 18 years of age
- Patients who have a Length of Stay greater than 120 days
- Patients enrolled in clinical trials
- Patients admitted for Elective Carotid Intervention
- Patients with Time Last Known Well to arrival in the emergency department greater than 2 hours
- Patients with a documented Reason for Extending the Initiation of IV Alteplase
- Patients with a documented Reason for Not Initiating IV Alteplase

Further information on this and other stroke measures can be found at [https://manual.jointcommission.org/releases/TJC2019A/MIF0129.html](https://manual.jointcommission.org/releases/TJC2019A/MIF0129.html)

**MEASURE ID: 60202061**

**Measure Title:** Outpatients with chest pain or possible heart attack who received fibrinolytic therapy within 30 minutes of arrival

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2016-2017

Population Characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting (HOQR) Program

**Denominator:** Emergency department outpatients with chest pain or possible heart attack, excluding patients with missing ED arrival time or missing the time of receiving fibrinolytic therapy

**Numerator:** Subset of the denominator who received fibrinolytic therapy within 30 minutes of ER arrival
Comments: This measure is referred as OP-2 by the HOQR program. More information is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html.

MEASURE ID: 60202071

Measure Title: Median time in minutes before outpatients with chest pain or possible heart attack were transferred to another hospital

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic Representation: National, State

Years Available: 2016-2017

Population Characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting (HOQR) Program

Denominator: Emergency department outpatients with chest pain or possible heart attack and were discharged or transferred to a short-term general hospital for inpatient care or to a federal healthcare facility, excluding patients under 18 years of age, patients who received fibrinolytic administration, or patients with missing ED arrival or transfer time.

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the time patients were transferred.

Comments: This measure is referred as OP-3B by the HOQR program. More information is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html.

Excluded Populations:

- Patients less than 18 years of age
- Patients who have a Length of Stay greater than 120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in clinical trials
- Patients admitted for Elective Carotid Intervention
- Patients discharged to another hospital
- Patients who left against medical advice
• Patients who expired
• Patients discharged to home for hospice care
• Patients discharged to a health care facility for hospice care
• Patients with a Reason for Not Prescribing Statin Medication at Discharge

Further information on this and other stroke measures can be found at https://manual.jointcommission.org/releases/TJC2019A/MIF0131.html

MEASURE ID: 60205081

Measure Title: Ischemic or hemorrhagic stroke patients who came to the emergency department (ED) with stroke symptoms and received head CT or MRI who received the interpretation of the results within 45 minutes of ED arrival

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic Representation: National, State

Years Available: 2016-2017

Population Characteristics: Age, sex, race/ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital Outpatient Quality Reporting (HOQR) Program

Denominator: Number of emergency department acute ischemic stroke or hemorrhagic stroke patients arriving at the ED within 2 hours of the time last known well, with an order for a head CT or MRI scan

Numerator: subset of denominator of whose time from ED arrival to interpretation of the Head CT scan is within 45 minutes of arrival.

• Comments: Patients who meet one or more of the following criteria are excluded from the Denominator: Patients less than 18 years of age
• Patients who expired
• Patients who left the emergency department against medical advice or discontinued care or for whom the discharge location was not documented or unable to be determined (UTD).

Further information on this and other stroke measures can be found at https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=918.
6.3 Chronic Kidney Disease

6.3.1 Chronic Care of End Stage Renal Disease

MEASURE ID: USRDS_1, 60301011

Measure Title: Adult end stage renal disease (ESRD) patients who saw a nephrologist at least 12 months prior to initiation of renal replacement therapy

Measure Source: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), US Renal Data System (USRDS)

Table Descriptions:

Geographic Representation: National, State

Years Available: State: 2012 to 2017

National: 2005 to 2017

Population Subgroups: Age, sex, race/ethnicity

Data Sources: National & State: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Denominator: All incident ESRD patients, limited to those patients for whom it is known whether they saw a nephrologist prior to initiation of renal replacement therapy

Numerator: Subset of the denominator who saw a nephrologist at least 12 months prior to initiation of renal replacement therapy

Comments: This measure is referred to as measure CKD-10 in Healthy People 2020 documentation. These analyses use data from the newest versions of the Medical Evidence form. The cohort includes incident ESRD patients, limited to those patients for whom it is known whether they saw a nephrologist prior to initiation.

MEASURE ID: 60301021

Measure Title: Adult hemodialysis patients with adequate dialysis - (Kt/V) 1.2 or higher

Measure Source: University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

Table Descriptions:

Geographic Representation: National and State
Years Available: National 2015 - 2018
State 2015 - 2018
Population Subgroups: Age, ESRD Cause, Ethnicity, Race, Sex

Data Sources: UM-KECC, DFR

Denominator: Total number of hemodialysis patient-months for adult patients with end-stage renal disease (ESRD) for more than 90 days, not indicating frequent dialysis, and assigned to the facility for the entire reporting month were included.

Numerator: Kt/V: Patients with Kt/V (K-dialyzer clearance of urea; t-dialysis time; V-patient’s total body water) 1.2 or higher among the denominator population.

Comments: Patient-months with a missing or out of range Kt/V are included in the denominator but not the numerator. For more information, see section XII of the Guide to the Dialysis Facility Reports for Fiscal Year 2020 available at https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf.

MEASURE ID: UMKECC_1, 60301031

Measure Title: Standardized mortality ratio (SMR) for dialysis patients

Measure Source: University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

Table Descriptions:

Geographic Representation: State

Years Available: 2000 - 2018

Data Sources: UM-KECC, DFR

Denominator: Total number of expected deaths among dialysis patients in facilities in the state. The expected death count adjusts for calendar year, patient age, race, ethnicity, sex, diabetes as cause of ESRD, duration of end-stage renal disease (ESRD), nursing home status, patient comorbidities at incidence, body size of the patient (i.e., body mass index) at onset of ESRD, and age-adjusted state and population death rates.

Numerator: Total number of deaths among the population in the denominator. Deaths from street drugs or accidents unrelated to treatment are excluded.
**Comments:** This measure takes a state's expected patient death count and compares it to the actual death count. The SMR estimates the relative death rate ratio for the facility, as compared to the national death rate in the same year, and indicates whether patients treated in the facility had higher or lower mortality given the characteristics of patients treated at the facility. Similarly, the degree to which the facility's yearly SMR varies from 1.00 is the degree to which it differs from the national death rates that year for patients with the same characteristics as those in the facility. For more information, see section VI of the Guide to the Dialysis Facility Reports for Fiscal Year 2020 available at https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf

**MEASURE ID:** USRDS_2, 60301041

**Measure Title:** Dialysis patients who were registered on a waiting list for transplantation

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State: 2000 to 2017

National: 2000 to 2017

Population Subgroups: Age, sex, race/ethnicity

**Data Sources:** National & State: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

**Denominator:** All incident end stage renal disease (ESRD) patients who are under the age of 70 at the initiation of ESRD, without a living donor available (i.e. patients receiving a living donor transplant are excluded)

**Numerator:** Subset of the denominator registered on the kidney transplant waiting list or have received a deceased-donor kidney within 1 year of their ESRD initiation date

**Comments:** This measure is referred to as measure CKD-12 in Healthy People 2020 documentation. The cohort includes incident ESRD patients who are younger than 70 at the initiation of ESRD, without a living donor available (i.e. patients receiving a living donor transplant are excluded). Patients are followed from ESRD certification to being placed on the deceased donor organ waiting list or receiving a deceased donor transplant, censoring at death or one year after initiation of ESRD. Percentages are calculated using the Kaplan-Meier methodology.
MEASURE ID: USRDS_3, 60301051

Measure Title: Patients with treated chronic kidney failure who received a transplant within 3 years of date of renal failure

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

Years Available: State: 2000 to 2014
National: 2000 to 2014

Population Subgroups: Age, sex, race/ethnicity

Data Sources: National & State: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Denominator: All incident ESRD patients who are younger than 70 at the initiation of ESRD

Numerator: Subset of the denominator that received a transplant within 3 years of renal failure

Comments: This measure is referred to as measure CKD-13.1 in Healthy People 2020 documentation. The cohort includes incident ESRD patients who are younger than 70 at the initiation of ESRD. Patients are followed from ESRD certification to transplant, censoring at death or three years after initiation of ESRD. Percentages are calculated using the Kaplan-Meier methodology.

MEASURE ID: 60301061

Measure Title: Hemodialysis patients whose hemoglobin level is less than 10 g/dL

Measure Source: University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR) 2015-2018: CROWNWeb

Table Descriptions:

Geographic Representation: National and State

Years Available: National 2015-2018

State 2015 - 2018

Population Subgroups: Age, ESRD Cause, Ethnicity, Race, Sex
**Data Sources:** UM-KECC, DFR

**Denominator:** Total number of hemodialysis patient-months for patients with end-stage renal disease (ESRD) for more than 90 days and assigned to the facility for the entire reporting month were included.

**Numerator:** Patients whose hemoglobin level is less than 10 g/dL among the denominator population

**Comments:** The 2005-2015 data included Medicare dialysis patients and the 2018 data includes all patients and is not restricted to Medicare patients.

For more information, see section XI of the Guide to the Dialysis Facility Reports for Fiscal Year 2020 available at [https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf](https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf)

**MEASURE ID:** USRDS_5, 60301071

**Measure Title:** Adult hemodialysis patients who use arteriovenous fistulas as the primary mode of vascular access

**Measure Source:** National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

**Table Descriptions:**

- **Geographic Representation:** National, State
- **Years Available:** State: 2012 to 2017
  - National: 2012 to 2017
- **Population Subgroups:** Age, sex, race/ethnicity

**Data Sources:** National & State: NIH, NIDDK, USRDS

**Denominator:** Prevalent HD patients with a valid ESRD Medical Evidence CMS-2728 form, who are aged 18 and older

**Numerator:** Subset of denominator who use arteriovenous fistulas as the primary mode of vascular access

**Comments:** This measure is referred to as measure CKD-11.1 in Healthy People 2020 documentation. These analyses use data from CROWNWeb. The cohort includes prevalent HD patients with a valid ESRD Medical Evidence CMS 2728 form, who are aged 18 and older. Access type represents the last access type used in the year, according to CROWNWeb data.
6.4 Diabetes

6.4.1 Management of Diabetes

MEASURE ID: MEPS_65, 60401011

Measure Title: Adults age 40 and over with diagnosed diabetes who received all four recommended services for diabetes in the calendar year (two or more hemoglobin A1c measurement, dilated eye examination, foot examination, and flu vaccination)

Measure Source: National Diabetes Quality Improvement Alliance

Table Descriptions:

Geographic Representation: National

Years Available: 2008 to 2017

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Denominator: U.S. civilian noninstitutionalized adults age 40 and over with diabetes and a positive Diabetes Care Survey weight, excluding records with missing values

Numerator: Subset of the denominator who responded "Yes" to each of the four items related to receipt of diabetes services: (1) received two or more HbA1c measurements, (2) received dilated eye exam, (3) received foot exam, and (4) received flu shot

Comments: The method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, http://www.ahrq.gov/research/data/dataresources/index.html, provides more information on the DCS and MEPS panels.

Nonrespondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.
MEASURE ID: MEPS_66, 60401021

Measure Title: Adults age 40 and over with diagnosed diabetes who received at least two hemoglobin A1c tests in the calendar year

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

Years Available: National: 2002 to 2017
State: 2013-2017

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: National: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)
State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

National Denominator: U.S. civilian noninstitutionalized adults age 40 and over with diabetes who had a positive Diabetes Care Survey (DCS) weight and who responded to the DCS question, "How many times did a doctor, nurse, or other health professional check for glycosylated hemoglobin or 'hemoglobin A-one-C'?"

National Numerator: Subset of the denominator who had a positive DCS weight and who had a hemoglobin A1c test at least twice in the last calendar year

State Denominator: Adults age 40 and over with diabetes

State Numerator: Adults with diabetes who had at least two hemoglobin A1c test in the survey year

Comments: The MEPS method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, http://www.ahrq.gov/research/data/datasources/index.html, provides more information on the DCS and MEPS panels.

Nonrespondents and "Don't Know" responses to the DCS question were excluded from the analysis.
Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

This measure is referred to as measure D-11 in Healthy People 2020 documentation.

**MEASURE ID: MEPS_67, 60401031**

**Measure Title:** Adults age 40 and over with diagnosed diabetes who received a dilated eye examination in the calendar year

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2002 to 2017

State: 2013-2017

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** National: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

**National Denominator:** U.S. civilian noninstitutionalized adults age 40 and over with diabetes who responded to the Diabetes Care Survey (DCS) question: "When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to light"

**National Numerator:** Subset of denominator who indicated they had at least one retinal eye examination in the calendar year

**State Denominator:** Adults age 40 and over with diabetes

**State Numerator:** Adults with diabetes who had at least one retinal eye examination in the survey year

**Comments:** The MEPS method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix,
http://www.ahrq.gov/research/data/dataresources/index.html, provides more information on the DCS and MEPS panels.

Nonrespondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

This measure is referred to as measure D-10 in Healthy People 2020 documentation.

**MEASURE ID: MEPS_68, 60401041**

**Measure Title:** Adults age 40 and over with diagnosed diabetes who had their feet checked for sores or irritation in the calendar year

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2002 to 2017

State: 2013-2017

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** National: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

**National Denominator:** U.S. civilian noninstitutionalized adults age 40 and over with diabetes who responded to the question: "How many times did a health professional check your feet for any sores or irritations?"

**National Numerator:** Subset of denominator who had a foot examination one or more times in the calendar year

**State Denominator:** Adults age 40 and over with diabetes

**State Numerator:** Subset of denominator who had one or more foot examinations in the survey year
Comments: The method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, http://www.ahrq.gov/research/data/datasources/index.html, provides more information on the DCS and MEPS panels.

Nonrespondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

This measure is referred to as measure D-9 in Healthy People 2020 documentation.

**MEASURE ID: MEPS_69, 60401051**

**Measure Title:** Adults age 40 and over with diagnosed diabetes who received an influenza vaccination

**Measure Source:** National Diabetes Quality Improvement Alliance, National Quality Forum

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2008 to 2017

State: 20139 to 2017

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:**

National: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

**National Denominator:** U.S. civilian noninstitutionalized adults age 40 and over with diabetes who responded to the question: "How long since you had a flu shot?" Nonrespondents and "Don't Know" responses were excluded

**National Numerator:** Subset of the denominator who had an influenza immunization in the past year
**State Denominator:** Adults age 40 and over with diabetes

**State Numerator:** Subset of the denominator who had an influenza immunization in the survey year

**Comments:** The method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, [http://www.ahrq.gov/research/data/datasources/index.html](http://www.ahrq.gov/research/data/datasources/index.html), provides more information on the DCS and MEPS panels.

Nonrespondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

**MEASURE ID:** NHANES_8, 60401061

**MEASURE ID:** 60401061

**Measure Title:** Adults age 40 and over with diabetes whose condition was diagnosed

**Measure Source:** National Diabetes Quality Improvement Alliance, National Quality Forum

**Table Descriptions:**

Geographic Representation: National


Population Subgroups: Age, education, sex, income, ethnicity

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

**Denominator:** Adults age 40 and over with diabetes

**Numerator:** Subset of the denominator with diagnosed diabetes

**Comments:** The criteria for selecting the diabetes population from NHANES have changed; reported rates may not be comparable with those found in prior years' editions of the NHQR and NHDR. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 40-59 and 60 and over.
MEASURE ID: OASIS_21, 60401071

Measure Title: Short-stay home health patients who had diabetic foot care and patient education

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with discharge or transfer to inpatient facility during the year, excluding episodes where patient was not diabetic or was a bilateral amputee at start (resumption) of care

Numerator: Number of home health quality episodes in which the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper diabetic foot care

Comments: Further information about risk adjustment and the HHQI measures is available at: http://www.cms.hhs.gov/HomeHealthQualityInits/. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

6.4.2 Control of Diabetes

MEASURE ID: NHANES_3, 60402011

Measure Title: Adults age 40 and over with diagnosed diabetes with hemoglobin A1c less than 8.0% (optimal control)

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Table Descriptions:

Geographic Representation: National

Population Subgroups: Age, education, sex, income, ethnicity

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

**Denominator:** Adults age 40 and over with diagnosed diabetes

**Numerator:** Subset of the denominator who had hemoglobin A1c level less than 8% at examination

**Comments:** Optimal control is defined as having an HbA1c less than 8%.

Estimates are age adjusted to the 2000 U.S. standard population using two age groups, 40-59 and 60 and over. The criteria for selecting the diabetes population from NHANES have changed; reported rates may not be comparable with those found in prior years' editions of the NHQR and NHDR.

**MEASURE ID:** NHANES_10, 60402013

**Measure Title:** Adults age 18 and over with diagnosed diabetes with hemoglobin A1c more than 9.0% (poor control)

**Measure Source:** Healthy people 2020 D-5.1

**Table Descriptions:**

Geographic Representation: National


Population Subgroups: Age, education, sex, income, ethnicity

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

**Denominator:** Adults age 18 and over who report that they have ever been diagnosed with diabetes

**Numerator:** Adults age 18 and over with doctor diagnosed diabetes and with HbA1c values higher than 9%

**Comments:** Persons are considered to have diagnosed diabetes if they respond 'yes' to ever being told by a doctor or health professional that they have diabetes or sugar diabetes. Those who respond borderline are counted as 'no'. Women who report that the only time they have been diagnosed with diabetes was during pregnancy (gestational diabetes) are excluded. Women who are pregnant at the time of the exam are also excluded.

Estimates are age adjusted to the 2000 U.S. standard population. See Healthy People D-5.1 methodology for more information - [https://www.healthypeople.gov/node/4123/data_details](https://www.healthypeople.gov/node/4123/data_details).
MEASURE ID: NHANES_9, 60402031

Measure Title: Adults age 40 and over with diagnosed diabetes with blood pressure less than 130/80mm Hg

Measure Source: National Diabetes Quality Improvement Alliance, National Quality Forum

Table Descriptions:

Geographic Representation: National


Population Subgroups: Age, education, sex, income, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: Adults age 40 and over with diabetes

Numerator: Subset of the denominator with blood pressure less than 130/80mm Hg

Comments: The criteria for selecting the diabetes population from NHANES have changed; reported rates may not be comparable with those found in prior years’ editions of the NHQR and NHDR. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 40-59 and 60 and over.

6.4.3 Hospitalization for Diabetes

MEASURE ID: USRDS_4, 60403061

Measure Title: Adjusted incident rates of end stage renal disease (ESRD) due to diabetes per million population

Measure Source: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2001 to 2017

Population Subgroups: Age, sex, race/ethnicity

Data Sources: National & State: NIH, NIDDK, USRDS
Denominator: U.S. Census intercensal population estimates in million

Numerator: The number of incident ESRD patients with diabetes as the primary cause of ESRD

Comments: This measure is referred to as measure CKD-9.1 in Healthy People 2020 documentation. Kidney failure due to diabetes in this document is expressed as a rate (number/million population/year). The numerator in this rate is the number of incident ESRD patients with diabetes as the primary cause of ESRD. These rates are adjusted to a reference population using the direct method: this means the adjusted rate assumes a constant reference population, thus permitting meaningful comparison across years. The direct method of adjustment involves stratification of the population by the adjustment variables (i.e. overall rates are adjusted for age, sex, and race) and calculation of a weighted average of stratum-specific rates, where the weights are the numbers of persons in a strata of a "standard population", which is 2012 in this analysis. Each standardized (adjusted) rate for a specific group or year is interpreted as the expected (crude) rate if that group or year had exhibited the age-gender-race distribution of the standard population.

MEASURE ID: USRDS_6, 60403063

Measure Title: Kidney failure due to diabetes among persons with diabetes

Measure Source: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Table Descriptions:

Geographic Representation: National

Years Available: 2014 to 2017

Population Subgroups: Age, sex, race/ethnicity

Data Sources: National & State: NIH, NIDDK, USRDS

Denominator: Estimate of U.S. population with diabetes (using U.S. Census intercensal population estimates, and National Health Interview Survey estimated prevalence of diabetes)

Numerator: The number of incident ESRD patients with diabetes as the primary cause of ESRD

Comments: Kidney failure due to diabetes among persons with diabetes in this document is expressed as a rate (number/million population/year). Data comes from the National Health Interview Survey; all ages are included. Three-year data are used to estimate the prevalence of diabetes in the middle year, and the size of the population with diabetes is based on U.S. census data. The incident rate per million of ESRD caused by diabetes is calculated as the number of incident ESRD patients with a primary cause of ESRD of diabetes, divided by the size of the population with diabetes in that group. These rates are adjusted to a reference
population using the direct method, which involves stratification of the population by the adjustment variables (i.e. overall rates are adjusted for age, sex, and race) and calculation of a weighted average of stratum-specific rates, where the weights are the numbers of persons in a strata of a "standard population", which is 2012 in this analysis.

**MEASURE ID: 60403071**

**Measure Title:** Percent of dialysis patients with end stage renal disease due to diabetes

**Measure Source:** University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

**Table Descriptions:**

Geographic Representation: National and State

Years Available: 2009- 2018

Population Subgroups: Age, ESRD Cause, Ethnicity, Race, Sex

**Data Sources:** UM-KECC, DFR

**Denominator:** All dialysis patients treated on December 31 of each year. Dialysis patients were included once they reached day 91 of ESRD.

**Numerator:** ESRD caused by diabetes among in the denominator population.

**Comments**

The percentages in the national table are the distribution of ESRD caused by diabetes between subgroups within each demographic category.

For more information, see section IV of the Guide to the Dialysis Facility Reports for Fiscal Year 2020 available at [https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf](https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf)

### 6.5 HIV/AIDS

#### 6.5.1 Management of HIV/AIDS

**MEASURE ID: 60501011**

**Measure Title:** New AIDS cases per 100,000 population age 13 and over

**Measure Source:** National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)
Table Descriptions:

Geographic Representation: National, State

Years Available: 2000 to 2016

Population Subgroups: Age, sex, race/ethnicity

**Data Sources:** CDC, NCHHSTP, DHAP, NHSS, ATLAS Website

**Denominator:** U.S. population age 13 and over

**Numerator:** Reported new AIDS cases among adolescents and adults age 13 and over

**Comments:** This measure is referred to as measure HIV-4 in Healthy People 2020 documentation. For more information, see NCHHSTP AtlasPlus, [https://www.cdc.gov/nchhstp/atlas/index.htm](https://www.cdc.gov/nchhstp/atlas/index.htm).

**MEASURE ID:** NCHHSTP_1, 60501021

**Measure Title:** New HIV cases per 100,000 population age 13 and over

**Measure Source:** National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2008 to 2016

Population Subgroups: Age, sex, race/ethnicity

**Data Sources:** CDC, NCHHSTP, DHAP, NHSS, ATLAS Website

**Denominator:** U.S. population age 13 and over

**Numerator:** Reported new HIV cases among adolescents and adults age 13 and over in the calendar year

**Comments:** This measure is referred to as measure HIV-1 in Healthy People 2020 documentation. For more information, see NCHHSTP AtlasPlus, [https://www.cdc.gov/nchhstp/atlas/index.htm](https://www.cdc.gov/nchhstp/atlas/index.htm).

**MEASURE ID:** 60501031

**Measure Title:** Persons living with HIV who know their serostatus
**Measure Source:** National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2010-2016

Population Subgroups: Age, sex, race/ethnicity, and transmission category

**Data Sources:** National & State: CDC, NCHHSTP, DHAP, NHSS

**Denominator:** Adolescents and adults age 13 and over

**Numerator:** Number of persons age 13 and over with diagnosed HIV infection


**MEASURE ID: 60501041**

**Measure Title:** Persons living with diagnosed HIV who had at least two CD4 or viral load tests performed at least 3 months apart during the last year, among reporting jurisdictions

**Measure Source:** National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2014-2016

Population Subgroups: Age, sex, race/ethnicity, and transmission category

**Data Sources:** National & State: CDC, NCHHSTP, DHAP, NHSS

**Denominator:** Number of adolescents and adults age 13 and over with HIV infection diagnosed by the end of previous year and alive at the end of current year

**Numerator:** A subset of numerator who had at least two CD4 or viral load tests performed at least 3 months apart during the last year

**MEASURE ID: 60501051**

**Measure Title:** Persons living with diagnosed HIV whose most recent viral load in the last 12 months was under 200 copies/mL

**Measure Source:** National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2014-2016

Population Subgroups: Age, sex, race/ethnicity, and transmission category

**Data Sources:** National & State: CDC, NCHHSTP, DHAP, NHSS

**Denominator:** Number of persons age 13 and over with diagnosed HIV infection by the end of previous year and alive at the end of current year

**Numerator:** Number of persons diagnosed with HIV with a viral load less than 200 copies/mL


Data included 37 States and the District of Columbia.

**MEASURE ID: NVSS_6, 60501061**

**Measure Title:** HIV infection deaths per 100,000 population

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Population Subgroups: Age, sex, location, race, ethnicity

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Denominator:** U.S. resident population

**Numerator:** Number of deaths due to HIV infection

**Comments:** Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators. This measure is referred to as measure HIV-12 in Healthy People 2020 documentation.

6.7 Mental Health and Substance Abuse

6.7.1 Treatment of Depression

**MEASURE ID:** NSDUH_1, 60701011

**Measure Title:** Adults with a major depressive episode (MDE) in the last 12 months who received treatment for depression in the last 12 months

**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2008 to 2018

State: 2012-2018

Population Subgroups: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

**Denominator:** People age 18 and over with a major depressive episode in the past year

**Numerator:** Subset of the denominator who received treatment or counseling for depression in the past year

**Comments:** An MDE is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms for depression as described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
Treatment is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year. Respondents with unknown data for past year MDE measures or unknown treatment data were excluded.

Data prior to 2008 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

**MEASURE ID: NSDUH_2, 60701021**

**Measure Title:** Children ages 12-17 with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months

**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2008 to 2018

State: 2012-2018

Population Subgroups: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

**Denominator:** Children ages 12-17 with a major depressive episode in the past year

**Numerator:** Subset of the denominator who received treatment for depression in the past year

**Comments:** An MDE is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms for depression as described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Treatment is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year. Respondents with unknown data for past year MDE measures or unknown treatment data were excluded.

Data prior to 2008 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

**MEASURE ID: NVSS_7, 60701041**

**Measure Title:** Suicide deaths per 100,000 population age 12 and over
Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

Years Available: National: 2000-2018
State: 2000-2018

Population Subgroups: Age, sex, race, ethnicity, location of residence

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population age 12 and over

Numerator: Subset of the denominator who died from suicide

Comments: Suicides may be undercounted because of difficulty in the determination of suicidal intent by the coroner or medical examiner. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators. This measure is referred to as measure MHMD-1 in Healthy People 2020 documentation.

MEASURE ID: MDS_6, 60701051

Measure Title: Long-stay nursing home residents who have depressive symptoms

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013 to 2018

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding residents who are comatose or missing Mood Scale scores on the target assessment or residents who were comatose or whose comatose status was unknown
**Numerator:** Subset of the denominator with a Mood Scale score indicating little interest or pleasure or a feeling of depression in at least half of the days during a 2-week period preceding a target assessment

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


**MEASURE ID:** MDS_23, 60701061

**Measure Title:** Short-stay nursing home residents receiving antipsychotic medicine

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: None

Years Available: None

Population Subgroups: None

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare post-acute care patients with valid distinct initial and target assessments; excludes residents with non-responses on assessments on antipsychotic drug medication questions, or if resident has Schizophrenia, Tourette’s Syndrome, or Huntington’s Disease

**Numerator:** Subset of the denominator indicating receipt of antipsychotic medication on target assessment and no antipsychotic medication use on the initial assessment

**Comments:** Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). Tables for this measure was not produced for the 2018 NHQDR.

MEASURE ID: MDS_22, 60701071

Measure Title: Long-stay nursing home residents receiving antipsychotic medication

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

Table Descriptions:

Geographic Representation: None

Years Available: None

Population Subgroups: None

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment; excludes residents with non-responses on antipsychotic drug medication questions, or if resident has Schizophrenia, Tourette’s Syndrome, or Huntington’s Disease

Numerator: Subset of the denominator indicating receipt of antipsychotic medication on target assessment

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). Tables for this measure was not produced for the 2018 NHQDR.


6.7.2 Treatment of Substance Abuse

MEASURE ID: NSDUH_3, 60702011

Measure Title: People age 12 and over who needed treatment for illicit drug use or an alcohol problem and who received such treatment at a specialty facility in the last 12 months
**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2015-2018

Population Subgroups: Age, sex, race, ethnicity, location of residence, education, income

**Data Sources:** SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

**Denominator:** US civilian noninstitutionalized population age 12 and over who needed treatment for any illicit drug use or alcohol problem

**Numerator:** Subset of the denominator who received treatment for illicit drug use or alcohol problem at a specialty facility in the past year

**Comments:** Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year:

1. Were dependent on illicit drugs or alcohol;
2. Abused illicit drugs or alcohol; or
3. Received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities), hospital (inpatient only), or a mental health center.

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (nonmedical use) (based on data from original questions), not including methamphetamine items added in 2005 and 2006.

Estimates include people who received treatment specifically for illicit drugs or alcohol, as well as people who received treatment but did not specify for which substances they were treated.

Data prior to 2015 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

**MEASURE ID:** NSDUH_4, 60702021

**Measure Title:** People age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility in the last 12 months

**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

Geographic Representation: National, State
Years Available: 2015-2018

Population Subgroups: Age, sex, race, ethnicity, location of residence, education, income

Data Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Denominator: U.S. civilian noninstitutionalized population age 12 and over who needed treatment for any illicit drug use

Numerator: Subset of the denominator who received treatment for illicit drug use at a specialty facility in the past year

Comments: Receipt of any illicit drug treatment at a specialty facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center to reduce or stop drug use or for medical problems associated with drug use.

Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year:

(1) were dependent on any illicit drug or;

(2) abused any illicit drug; or

(3) received treatment for an illicit drug problem at a specialty facility, i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient]), hospitals (inpatient only), or mental health centers.

Illicit drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic medications (nonmedical use) (based on data from original questions), not including methamphetamine items added in 2005 and 2006.

Data prior to 2015 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

MEASURE ID: NSDUH_5, 60702031

Measure Title: People age 12 and over who needed treatment for an alcohol problem who received such treatment at a specialty facility in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2015-2018
Population Subgroups: Age, sex, race, ethnicity, location of residence, education, income

**Data Sources:** SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

**Denominator:** U.S. civilian noninstitutionalized population age 12 and over who needed treatment for an alcohol problem

**Numerator:** Subset of the denominator who received treatment for an alcohol problem at a specialty facility in the last 12 months

**Comments:** Receipt of alcohol treatment at a specialty facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or a mental health center in order to reduce or stop alcohol use or for medical problems associated with alcohol use.

Respondents were classified as needing treatment for an alcohol problem if they met at least one of three criteria during the past year—(1) were dependent on alcohol, (2) abused alcohol, or (3) received treatment for alcohol use at a specialty facility.

Data prior to 2008 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

**MEASURE ID:** TEDS_1, 60702041

**Measure Title:** People age 12 and over treated for substance abuse who completed treatment course

**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

- Geographic Representation: National
- Years Available: State: 2008 to 2018
  National: 2005 to 2018
- Population Subgroups: Age, education, sex

**Data Sources:** SAMHSA, Center for Behavioral Health Statistics and Quality, Substance Abuse Treatment Episode Data Set (TEDS)

**Denominator:** Discharges from substance abuse treatment aged 12 and over

**Numerator:** Subset of the denominator who completed treatment
**Comments:** These data include primarily discharges from publicly-funded substance abuse treatment facilities.

**MEASURE ID: 60702071**

**Measure Title:** People age 12 and over who filled an outpatient opioid prescription in the calendar year

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2013-2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population age 12 and over

**Numerator:** Subset of the denominator who filled an outpatient opioid prescription in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”


**MEASURE ID: 60702081**

**Measure Title:** Adults who filled four or more outpatient opioid prescriptions in the calendar year
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2013-2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population age 18 and over

**Numerator:** Subset of the denominator who filled four or more outpatient opioid prescriptions in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”


**MEASURE ID:** 60702091

**Measure Title:** People age 12 and over who needed treatment for alcohol problem who received such treatment at a specialty facility in the last 12 months

**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

Geographic Representation: National and State

Years Available: 2015-2018
Population Subgroups: Age, sex, race, ethnicity, education, income, location of residence

Data Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Denominator: U.S. civilian noninstitutionalized population age 12 and over

Numerator: Subset of the denominator who had opioid (either prescription opioid or heroin) use disorder in the past year

Comments: Past-year opioid use disorder is defined as heroin use disorder or prescription opioid use disorder in the past year based on assessments of individual diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

MEASURE ID: 60702101

Measure Title: Hospital inpatient stays involving opioid-related diagnoses per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2005-2017

Population Subgroups: Age, sex, community-level income, location of patient residence

Data Sources: National: AHRQ, HCUP, National Inpatient Sample (NIS)
State: AHRQ, HCUP, State Inpatient Databases (SID)

Denominator: U.S. resident population

Numerator: Number of hospital discharges which are related to the opioid use stemming from illicit opioids such as heroin, illegal use of prescription opioids, and the use of opioids as prescribed.

Comments: This information was exported from HCUP Fast Stats, Opioid-Related Hospital Use (www.hcup-us.ahrq.gov/faststats/OpioidUseServlet). The following is from the Data Notes and Methods available on the HCUP Fast Stats Web page for Opioid-Related Hospital use. Inpatient stays including opioid-related hospital use are identified by any diagnosis (all-listed) in the following ranges of ICD-10-CM and ICD-9-CM codes:
ICD-10-CM Codes Starting October 1, 2015

- F11 series: Opioid-related disorders (except F11.21)
- T40 series: Poisoning by, adverse effect of, and underdosing of narcotics and psychodysleptics [hallucinogens]; includes poisoning accidental, intentional self-harm, assault, undetermined, and adverse effect (except heroin); with a seventh digit indicating initial, subsequent encounter, sequela
  - 0X1, 0X2, 0X3, 0X4, 0X5: Opium
  - 1X1, 1X2, 1X3, 1X4: Heroin
  - 2X1, 2X2, 2X3, 2X4, 2X5: Other opioids
  - 3X1, 3X2, 3X3, 3X4, 3X5: Methadone
  - 4X1, 4X2, 4X3, 4X4, 4X5: Other synthetic narcotics
  - 601, 602, 603, 604, 605: Unspecified narcotics
  - 691, 692, 693, 694, 695: Other narcotics

There are some differences in the reporting of opioid-related inpatient stays and ED visits identified using ICD-10-CM codes. These differences are explored within the Case Study: Exploring How Opioid-Related Diagnosis Codes Translate from ICD-9-CM to ICD-10-CM, which is found under "Doing Analysis with ICD-10 Data" on the ICD-10-CM/PCS Resources page of HCUP-US.

ICD-9-CM Codes Prior to October 1, 2015

- 304.00-304.02: Opioid type dependence (unspecified; continuous; episodic)
- 304.70-304.72: Combinations of opioid type drug with any other drug dependence (unspecified; continuous; episodic)
- 305.50-305.52: Opioid abuse (unspecified; continuous; episodic)
- 965.00-965.02; 965.09: Poisoning by opium (alkaloids), unspecified; heroin; methadone; other opiates and related narcotics
- 970.1: Poisoning by opiate antagonists
- E850.0-E850.2: Accidental poisoning by heroin; methadone; other opiates and related narcotics
- E935.0-E935.2: Heroin, methadone, other opiates and related narcotics causing adverse effects in therapeutic use
- E940.1: Opiate antagonists causing adverse effects in therapeutic use

Excluded Codes

It should be noted that ICD-10-CM and ICD-9-CM diagnosis codes related to opioid dependence or abuse "in remission" are not used to identify opioid-related hospital use because remission does not indicate active use of opioids. Codes indicating neonatal abstinence syndrome (NAS) are also not included.
MEASURE ID: 60702121

Measure Title: Drug overdose deaths involving any opioid per 100,000 resident population

Measure Source: NVSS

Table Descriptions:

Geographic Representation: National, State

Years Available: National: 1999-2018

State: 1999-2018

Population Subgroups: Age, sex, race, ethnicity, and metropolitan status

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Mortality

Denominator: U.S. resident population all ages

Numerator: Subset of the denominator who died from overdose involving any opioid drugs

Comments: Drug overdose deaths involving opioids include those with an underlying cause of drug overdose and with an opioid mentioned in the ICD–10 multiple causes of death. Any opioid category is defined by multiple cause-of-death codes T40.0-T40.4 and T40.6. The rates are age-adjusted using the 2000 standard population with unrounded population numbers, except age groups. The data were downloaded from CDC Wonder, https://wonder.cdc.gov.

MEASURE ID: 60702131

Measure Title: Drug overdose deaths involving natural and semisynthetic opioids per 100,000 resident population

Measure Source: NVSS

Table Descriptions:

Geographic Representation: National, State

Years Available: National: 1999-2018

State: 1999-2018

Population Subgroups: Age, sex, race, ethnicity, and metropolitan status
**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Mortality

**Denominator:** U.S. resident population all ages

**Numerator:** Subset of the denominator who died from overdose involving natural and semisynthetic opioids

**Comments:** Drug overdose deaths involving opioids include those with an underlying cause of drug overdose and with an opioid mentioned in the ICD-10 multiple causes of death. The Natural and semisynthetic opioids category, which includes codeine, oxycodone, and morphine, among other drugs, is defined by multiple cause-of-death code T40.2. The rates are age-adjusted using the 2000 standard population with unrounded population numbers, except age groups. The data were downloaded from CDC Wonder, https://wonder.cdc.gov.

**MEASURE ID: 60702141**

**Measure Title:** Drug overdose deaths involving other synthetic opioids (other than methadone) per 100,000 resident population

**Measure Source:** NVSS

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 1999-2018

State: 1999-2018

Population Subgroups: Age, sex, race, ethnicity, and metropolitan status

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Mortality

**Denominator:** U.S. resident population all ages

**Numerator:** Subset of the denominator who died from overdose other synthetic opioids (other than methadone)

**Comments:** Drug overdose deaths involving opioids include those with an underlying cause of drug overdose and with an opioid mentioned in the ICD–10 multiple causes of death. The Other synthetic opioids (other than methadone) category, which includes fentanyl, tramadol, and propoxyphene (removed from the market in 2010), is defined by multiple cause-of-death code T40.4. A sharp increase in deaths involving synthetic opioids, other than methadone, in 2014 coincided with law enforcement reports of increased availability of illicitly manufactured, or
non-pharmaceutical, fentanyl. Illicitly manufactured fentanyl cannot be distinguished from pharmaceutical fentanyl in death certificate data. The rates are age-adjusted using the 2000 standard population with unrounded population numbers, except age groups. The data were downloaded from CDC Wonder, https://wonder.cdc.gov.

6.8 Musculoskeletal Disease

**MEASURE ID: NHIS_7, 60801051**

**Measure Title:** Adults with chronic joint symptoms who have seen a health care provider for their symptoms

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2009-2014 and 2018

Population Subgroups: Age, ethnicity, race, sex, income, insurance, location of residence, education, activity limitation

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), and National Health Interview Survey (NHIS)

**Denominator:** U.S. civilian noninstitutionalized population age 18 and over with chronic joint symptoms

**Numerator:** Subset of the Denominator: who reported they have ever seen a doctor or other health professional for joint symptoms

**Comments:** Estimates are age adjusted to the 2000 U.S. standard population.

6.9 Respiratory Diseases

6.9.1 Treatment of Respiratory Infections

**MEASURE ID:** NAMCS_NHAMCS_11, 60901011

**Measure Title:** Doctor's office or emergency department visits where antibiotics were prescribed for a diagnosis of common cold per 10,000 population
Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS).

Table Descriptions:

Geographic Representation: National

Years Available: 2010 - 2011 to 2013 - 2016

Population Subgroups: age, sex, race/ethnicity, location (hospital)

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS)

Denominator: U.S. civilian noninstitutionalized population with doctor's office, emergency department, or outpatient department visits

Numerator: Number of visits in the denominator with a sole diagnosis of common cold for which antibiotics were prescribed or continued

Comments: Population used for calculation is U.S. Census Bureau estimated civilian noninstitutionalized population on July 1 each year. Ambulatory medical care visits include visits to office-based physicians, community health centers, hospital outpatient departments, and emergency departments. For consistency with previous years, visits to midlevel providers at community health centers were excluded.

MEASURE ID: HCUP_38, 60901031

Measure Title: Deaths per 1,000 adult hospital admissions with pneumonia

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient’s ZIP Code, control of hospital, region, teaching status
**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** All discharges age 18 and over with principal diagnosis code of pneumonia, excluding patients transferring to another short-term hospital, obstetric admissions, and cases with a missing discharge disposition

**Numerator:** Subset of the denominator who died

**Comments:** Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** NTBSS_1, 60901041

**Measure Title:** Patients with tuberculosis who completed a curative course of treatment within 1 year of initiation of treatment

**Measure Source:** American Thoracic Society Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination
Table Descriptions:

Geographic Representation: National and State

State: 2008 to 2016

Population Subgroups: Age, ethnicity, race, gender

Data Sources: CDC, National Tuberculosis Surveillance System (NTSS)

Denominator: U.S. resident population with verified tuberculosis who are eligible to complete therapy within 1 year

Numerator: Subset of the denominator who completed therapy within 1 year

Comments: Race designations changed in 2003; estimates in 2003 and later differ slightly from estimates in previous reports.

More information regarding current tuberculosis treatment guidelines is available from:


For a discussion of completion of tuberculosis therapy, refer to Technical Notes of the publication:


6.9.3 Management of Asthma

MEASURE ID: MEPS_1, 60903011

Measure Title: People with asthma who are taking daily or almost daily preventive medicine

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2003 to 2016
Population Subgroups: Activity limitations, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

**Data Sources:** AHRQ, CFAC, MEPS

**Denominator:** U.S. civilian noninstitutionalized population who currently have active asthma

**Numerator:** Subset of the denominator who report taking preventive medicine on a daily or almost daily basis

**Comments:** Estimates are age-adjusted to the 2000 U.S. standard population using four age groups: 0-17, 18-44, 45-64, and 65 and over. Excludes cases for which information on presence of asthma is missing.

**MEASURE ID:** NHIS_13, 60903041

**Measure Title:** People with asthma who received written asthma management plans from their health care provider

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2009-2018

Population Subgroups: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator:** U.S. civilian noninstitutionalized population with asthma

**Numerator:**

Subset of the Denominator: who report receiving written asthma management plans from their health provider

**Comments:** Estimates are age adjusted to the 2000 U.S. standard population. Age data and health insurance data for those aged 65 and over are unadjusted.
MEASURE ID: NHIS_24, 60903043

Measure Title: Persons with current asthma who received education about appropriate response to an asthma episode

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic Representation: National

Years Available: 2011-2018

Population Subgroups: Activity limitations, age, education, race/ethnicity, geographic location (residence), health insurance, income, race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Denominator: Persons with current asthma

Numerator: Subset of the Denominator: who reported they received appropriate response to an asthma episode

Comments: Estimates are not age adjusted.

MEASURE ID: NHIS_25, 60903044

Measure Title: Persons with current asthma who were advised to change things to reduce exposure to irritants

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic Representation: National

Years Available: 2011-2018

Population Subgroups: Activity limitations, age, education, race/ethnicity, geographic location (residence), health insurance, income, race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)
**Denominator:** Persons with current asthma

**Numerator:** Subset of the Denominator: who reported they were advised to change things to reduce exposure to irritants

**Comments:** Estimates are not age adjusted.

**MEASURE ID:** MEPS_71, 60903051

**Measure Title:** People with current asthma

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2003 to 2016

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

**Data Sources:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Denominator:** U.S. civilian noninstitutionalized population

**Numerator:** Subset of the denominator with current asthma defined as people ever told by doctor or other health professional that he or she has asthma and were reported to still have asthma or to have had an asthma attack in the past 12 months.

**Comments:** Estimates are age-adjusted to the 2000 U.S. standard population using five age groups: 0-17, 18-44, 45-64, 65-74, and 75 and over. The 2017 data are not available for the 2019 NHQDR.

**Chapter 7. Healthy Living**

**7.1 Maternal and Child Health**

**MEASURE ID:** NVSS_16, 70101011

**Measure Title:** Live-born infants with low birth weight (less than 2,500 grams)

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)
Table Descriptions:

Geographic Representation: National

Years Available: National: 2007-2018

Population Subgroups: Age, sex, location, race, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: Population of live-born infants

Numerator: Live-born infants whose birth weight was under 2,500 grams

Comments: Excluded from these analyses are States that did not use the 2003 Revision to Birth Certificate: Alabama, Alaska, Arizona, Arkansas, Connecticut, District of Columbia, Hawaii, Illinois, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nevada, New Jersey, North Carolina, Oklahoma, Rhode Island, Utah, Virginia, West Virginia, and Wisconsin.

MEASURE ID: NVSS_13, 70101021

Measure Title: Women who completed a pregnancy in the last 12 months who received early and adequate prenatal care

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2016-2018

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: Live births occurring to residents in those States that use the 2003 revised birth certificate

Numerator: Subset of the denominator who received early and adequate prenatal care

Comments: Excluded from these analyses are the following States that did not use the 2003 Revision to Birth Certificate: Alabama, Alaska, Arizona, Arkansas, Connecticut, Hawaii, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, New Jersey, North Carolina, Rhode Island, Virginia, West Virginia, and Wisconsin.
MEASURE ID: NVSS_14, 70101031

Measure Title: Infant mortality per 1,000 live births, birth weight less than 1,500 grams

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)-Linked Birth and Infant Death Data

Table Descriptions:

Geographic Representation: National


Population Subgroups: Age, sex, location, race, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: As appropriate to the birth weight:

For birth weights less than 1500 grams, population of live births, birth weight less than 1,500 grams

Numerator: Subset of the denominator who died within the first year

MEASURE ID: NVSS_14, 70101033

Measure Title: Infant mortality per 1,000 live births, birth weights 1,500-2,499 grams

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)-Linked Birth and Infant Death Data

Table Descriptions:

Geographic Representation: National


Population Subgroups: Age, sex, location, race, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: As appropriate to the birth weight:

For birth weights 1,500-2,499 grams, population of live births, birth weights 1,500-2,499 grams

Numerator: Subset of the denominator who died within the first year
MEASURE ID: NVSS_14, 70101034

Measure Title: Infant mortality per 1,000 live births, birth weights 2,500 grams or more

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)-Linked Birth and Infant Death Data

Table Descriptions:

Geographic Representation: National


Population Subgroups: Age, sex, location, race, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: As appropriate to the birth weight:

For birth weights 2,500 grams or more, population of live births, birth weights 2,500 grams or more.

Numerator: Subset of the denominator who died within the first year

MEASURE ID: NVSS_14, 70101035

Measure Title: Infant deaths per 1,000 live births, all birth weight

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)-Linked Birth and Infant Death Data

Table Descriptions:

Geographic Representation: National


Population Subgroups: Age, sex, location, race, ethnicity

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: As appropriate to the birth weight:

For all birth weights, population of live births, all birth weights.

Numerator: Subset of the denominator who died within the first year
**MEASURE ID: NIS_15, 70101051**

**Measure Title:** Exclusive breastfeeding through 3 months

**Measure Source:** Healthy People 2020 MICH-21.4

**Table Descriptions:**

- Geographic Representation: National
- Population Subgroups: Income, race/ethnicity, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized children aged 19 to 35 months born in the same cohort year

**Numerator:** Number of caregivers of children born in a cohort year who indicate their child was exclusively breastfed (given nothing but breast milk) through 3 months of age

**Comments:** This measure is referred to as measure 2020 MICH-21.4 in Healthy People 2020 documentation, [https://www.healthypeople.gov/node/4862/data_details](https://www.healthypeople.gov/node/4862/data_details).

Infants are considered to have been breastfed exclusively through 3 months if the responses to questions about age when first fed formula AND age when first fed something other than breast milk or formula both indicate that the child was 3 month old when either occurred OR that the child has never had formula nor anything but breast milk.

Using a computer-generated list, the National Immunization Survey (NIS) identifies households across the United States with children aged 19-35 months and interviews the person who is most knowledgeable about the child’s immunization status (“caregiver”). Survey years are combined to calculate breastfeeding statistics by year of child’s birth (cohort) instead of the year in which the participant was surveyed. To calculate breastfeeding indicators by year of childbirth, data are combined across all relevant survey years. Because children are 19-35 months of age at the time of the parent interview, each survey year represents children born over three years. For example, breastfeeding data for children in the 2006 birth cohort are obtained from NIS 2007, 2008, and 2009.
7.2 Lifestyle Modification

**MEASURE ID: MEPS_15, 70201011**

**Measure Title:** Adult current smokers with a doctor's office or clinic visit in the last 12 months who received advice to quit smoking

**Measure Source:** Healthy People 2010

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

**Data Sources:**

National: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Denominator:** U.S. civilian noninstitutionalized population age 18 and over who are current smokers and who had a doctor's office or clinic visit in 12 months

**Numerator:** Subset of the denominator who indicated they had received advice to quit smoking

**Comments:** The National Table Description reports data from the MEPS Self-Administered Questionnaire (SAQ). Nonrespondents and "Don't Know" responses were excluded from the analysis.

The national estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over.

This measure is referred to as measure 1-3c in Healthy People 2010 documentation.

The allowable responses to MEPS question about smoking changed in 2003. Therefore, reported national rates may not be comparable with earlier years. The measure was slightly changed since the 2019 NHQDR. Before 2019, the denominator included adult current smokers with a routine checkup in the past 12 months. Since 2019, the denominator has included adult current smokers with a doctor's office or clinic visit in the past 12 months.

**MEASURE ID: NHIS_26, 70201021**

**Measure Title:** Adult smokers who attempt to quit in the past year
**Measure Source:** Centers for Disease Control and Prevention (CDC)/National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2011-2017

Population Subgroups: Race, income, education, ethnicity, age, gender, employment, insurance, Medicaid/CHIP, health status, nativity

**Data Sources:** National Health Interview Survey (NHIS), CDC/NCHS

**Denominator:** Number of persons aged 18 years and over who are current cigarette smokers or former smokers abstinent less than or equal to 365 days

**Numerator:** Subset of the Denominator: who quit smoking for at least one day

**Comments:** From the Healthy People 2020 objective TU-4.1.

Adults are classified as current smokers if they report having smoked 100 or more cigarettes in their life and currently smoking cigarettes "everyday" or "some days".

The methodology counts both successful (currently abstinent less than one year) and failed cessation attempts in the last 12 months.

**MEASURE ID:** NHIS_27, 70201022

**Measure Title:** Adults who ever smoked and quit recently

**Measure Source:** Centers for Disease Control and Prevention (CDC)/National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2011-2017

Population Subgroups: Race, income, education, ethnicity, age, gender, employment, insurance, Medicaid/CHIP, health status, nativity

**Data Sources:** National Health Interview Survey (NHIS), CDC/NCHS
**Denominator:** Number of persons aged 18 years and over who have ever smoked 100 cigarettes, who do not smoke now, and last smoked less than or equal to 1 year ago, and current smokers who initiated smoking at least 2 years ago

**Numerator:** Subset of the Denominator: who has stopped smoking for at least 6 months by the time of interview

**Comments:** From the Healthy People 2020 objective TU-5.1.

This indicator measures the proportion of current adult smokers aged 18 years and over who are eligible to be a recent quitter who have had recent smoking cessation success. Persons who are eligible to quit smoking in the last year include persons who have ever smoked 100 cigarettes and who report that they stopped smoking within the past 1 year as well as current (every day or someday) smokers who initiated smoking 2 or more years ago.

Time since initiation is determined by subtracting the age reported for when the respondent first started smoking regularly from the respondent's current age. If the difference is 2 years or greater these persons are considered to be eligible to be a recent quitter. Persons who responded that they were 85 years or older when they first started smoking regularly are counted as initiating at age 85.

Persons who reported that they stopped smoking in the past 1 year can report time since quitting in days, weeks, months, and years and are included in the Denominator: if they reported as follows: (1-95 days; 1-52 weeks; 1-12 months; 1 year). Recent success in smoking cessation included persons who reported that they stopped smoking 6 months to 1 year ago and are included in the Numerator: if they reported as follows: (27-52 weeks; 6-12 months; 1 year).

**MEASURE ID:** NAMCS_17, 70201023

**Measure Title:** Tobacco cessation medications prescribed or tobacco education that was delivered for tobacco use among adults age 18 and over per 1,000 population

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Ambulatory Medical Care Survey (NAMCS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2008-2009 to 2012-2013

Population Subgroups: sex, race/ethnicity, health insurance status, geographic location (patient)
**Data Sources:** National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Ambulatory Medical Care Survey (NAMCS)

**Denominator:** Physician office visits by adults age 18 and over

**Numerator:** Physician office visits by adults age 18 and over who were screened positive for current tobacco use and received tobacco cessation counseling or tobacco cessation medication

**MEASURE ID:** NHANES_6, 70201031

**Measure Title:** Children ages 2-19 who were overweight and who were told by a doctor they were overweight

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)

**Table Descriptions:**
- Geographic Representation: National
- Population Subgroups: Age, sex, family income, race, ethnicity

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

**Denominator:** People ages 2-19 with a body mass index (BMI) greater than or equal to the 95th percentile on the BMI-for-age, sex-specific 2000 CDC growth charts for the United States

**Numerator:** Subset of the denominator who reported they were told by a doctor that they were overweight

**MEASURE ID:** NHANES_5, 70201032

**Measure Title:** Adults age 20 and over with obesity who had been told by a doctor or health professional that they were overweight

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)

**Table Descriptions:**
- Geographic Representation: National

Population Subgroups: Age, education, sex, income, race, ethnicity

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

**Denominator:** Adults age 20 and over with a body mass index (BMI) of 30 or greater

**Numerator:** Subset of the denominator who reported they were told by a doctor that they were overweight

**Comments:** Estimates are age adjusted to the 2000 U.S. standard population, except where indicated. Total, race, ethnicity, gender, and family income are adjusted using three age groups: 20-44, 45-64, and 65 and over; education is adjusted using age groups 25-44, 45-64, and 65 and over.

**MEASURE ID:** NHANES_1, 70201041

**Measure Titles:** Children ages 2-19 with obesity

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)

**Table Descriptions:**

Geographic Representation: National


Population Subgroups: Age, education, sex, income, race/ethnicity

**Data Sources:** CDC, NCHS, National Health and Nutrition Examination Survey (NHANES)

**Denominator:** Children ages 2-19 years

**Numerator:** Subset of the denominator with a body mass index (BMI) greater than or equal to the 95th percentile on the BMI-for-age, sex-specific 2000 CDC growth charts for the United States

**Comments:** Used new body mass index definition instead of using BMXBMI variable to calculate obesity.

**MEASURE ID:** MEPS_10, 70201051

**Measure Title:** Adults with obesity who ever received advice from a health provider to exercise more
Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2016

Population Subgroups: Activity limitations, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over with a body mass index (BMI) of 30 or greater, excluding pregnant female

Numerator: Subset of the denominator who reported they were given advice about exercise by a doctor or health professional

Comments: Body mass index is based on reported height and weight. Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over.

Nonrespondents and "Don't Know" responses were excluded from the analysis.

MEASURE ID: MEPS_11, 70201053

Measure Title: Adults with obesity who did not spend half an hour or more in moderate or vigorous physical activity at least five times a week

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2016

Population Subgroups: Activity limitations, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS
Denominator: U.S. civilian noninstitutionalized population age 18 and over with a body mass index (BMI) of 30 or greater, excluding pregnant female

Numerator: Subset of the denominator who did not spend half an hour or more in moderate or vigorous physical activity at least five times a week

Comments: Body mass index is based on reported height and weight. Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over.

MEASURE ID: MEPS_12, 70201061

Measure Title: Children ages 2-17 for whom a health provider ever gave advice about the amount and kind of exercise, sports, or physically active hobbies they should pursue

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17

Numerator: Subset of the denominator for whom a health provider gave advice within the past 2 years about the amount and kind of exercise, sports, or physically active hobbies they should pursue

Comments: Estimates exclude nonrespondents to the question: "Has a doctor or other health provider ever given advice about amount and kind of exercise, sports, or physically active hobbies you should have?" "Don't Know" responses were also excluded.

MEASURE ID: MEPS_14, 70201071

Measure Title: Adults with obesity who ever received advice from a health provider about eating fewer high-fat or high-cholesterol foods

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)
Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Activity limitations, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over with a body mass index (BMI) of 30 or greater, excluding pregnant female

Numerator: Subset of the denominator who reported they were advised by a doctor or health professional about restricting foods high in fat and cholesterol

Comments: Body mass index is based on reported height and weight. Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over. Nonrespondents and "Don't Know" responses were excluded from the analyses.

MEASURE ID: MEPS_13, 70201081

Measure Title: Children ages 2-17 for whom a health provider ever gave advice about healthy eating

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17

Numerator: Subset of the denominator for whom a health provider gave advice within the past 2 years about healthy eating

Comments: Estimates exclude nonrespondents and "Don't Know" responses.
MEASURE ID: MEPS_72, 70201091

Measure Title: Adults with obesity

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 – 2017

Population Subgroups: Activity limitations, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Adults with a body mass index (BMI) of 30 or greater, excluding pregnant women

Comments: Race, ethnicity, family income, and education characteristics are those of the family reference person and are used to characterize the entire family unit.

MEASURE ID: MEPS_73, 70201101

Measure Title: Adults who did not spend half an hour or more in moderate or vigorous physical activity at least five times a week

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2011-2017

Population Subgroups: Activity limitations, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS
Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who did not spend half an hour or more in moderate or vigorous physical activity at least five times a week

Comments: Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over.

7.3 Functional Status Preservation and Rehabilitation

MEASURE ID: 70301011

Measure Title: Home health care patients whose ability to walk or move around improved

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, States

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with a discharge during the year, excluding episodes for which the patient, at start/resumption of care, was able to ambulate independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in ambulation/locomotion at discharge than at start (or resumption) of care

Comments: The OASIS instrument measures ambulation or locomotion ability on a 7-level scale from 0 (full, independent ambulation) to 6 (bedfast). Further information about HHQI measures is available at http://www.cms.gov/HomeHealthQualityInitiatives/. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

MEASURE ID: 70301021

Measure Title: Home health care patients whose ability to get in and out of bed improved
**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, chronic conditions (Beginning with 2013)

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health quality episodes ending with a discharge during the reporting period, excluding episodes for which the patient, at start/resumption of care, was able to transfer independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

**Numerator:** Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bed transferring at discharge than at start (or resumption) of care

**Comments:** The OASIS instrument measures transfers on a 6-level scale from 0 (independent) to 5 (bedfast and unable to turn or position) Further information about HHQI measures is available at [http://www.cms.gov/HomeHealthQualityInits/](http://www.cms.gov/HomeHealthQualityInits/). The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**MEASURE ID:** 70301031

**Measure Title:** Home health care patients whose bathing improved

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)
Denominator: Number of home health quality episodes ending with a discharge during the reporting period, excluding episodes for which the patient, at start/resumption of care, was able to bath self independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care

Comments: The OASIS instrument measures bathing ability on a 7-level scale from 0 (fully independent) to 6 (completely dependent). Further information about HHQI measures is available at http://www.cms.hhs.gov/HomeHealthQualityInits/. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

MEASURE ID: 70301041

Measure Title: Home health patients who had improvement in toileting

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with a discharge during the reporting period, excluding episodes for which the patient, at start/resumption of care, was able to get to and from and on and off the toilet without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in getting to and from and on and off the toilet at discharge than at start (or resumption) of care

Comments: The OASIS instrument measures toilet hygiene on a 4-level scale from 0 (independent) to 3 (completely dependent). Further information about risk adjustment and the HHQI measures is available at: http://www.cms.hhs.gov/HomeHealthQualityInits/. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.
MEASURE ID: 70301051

Measure Title: Long-stay nursing home residents whose need for help with daily activities increased

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013 to 2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment and a valid prior assessment, excluding residents who cannot show decline due to maximum values on prior assessments; residents with comatose status, residents with a less than 6-month prognosis; residents receiving hospice care; and residents with unknown status for these conditions

Numerator: Subset of the denominator with worsening performance scores in at least two or more of the four late-loss activities of daily living (bed mobility, transfers, toilet use, and eating) or who are at have a worsening of at least 2 on one of the four activities

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


MEASURE ID: 70301061

Measure Title: Long-stay nursing home residents whose ability to move independently worsened
**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013 to 2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home long-stay residents with a valid target assessment and a valid prior assessment. Excludes: residents with missing values on the target assessment; residents for which assessment performance indicated "total dependence" or "activity did not occur"; residents with missing values on the prior assessment; residents with comatose status or end-stage disease; residents receiving hospice care; and residents with unknown status for these conditions on the target assessment

**Numerator:** Subset of the denominator for which locomotion self-performance scores got worse compared with a prior assessment

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


**7.4 Supportive and Palliative Care**

**MEASURE ID:** 70401011

**Measure Title:** Long-stay nursing home residents who have moderate to severe pain

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)
Table Descriptions:

Geographic Representation: National, State

Years Available: 2013 to 2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding admission assessments and assessments with inconsistent or missing responses

Numerator: Subset of the denominator where resident reports almost constant or frequent pain and an episode of moderate pain, or any frequency of very severe, horrible pain on the target assessment

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


MEASURE ID: 70401021

Measure Title: Long-stay nursing home residents with too much weight loss

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

Table Descriptions:

Geographic Representation: National & State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and Metropolitan status
**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home long-stay residents with a valid target assessment and a valid prior assessment, excluding admission assessments and residents with missing weight loss data

**Numerator:** Subset of the denominator who experienced weight loss of 5 percent of more in the last 30 days or 10 percent or more in the last 6 months

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


**MEASURE ID:** 70401031

**Measure Title:** Low-risk long-stay nursing home residents who lose control of their bowel or bladder

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National & State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and Metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home residents with a valid target assessment who do not qualify as high risk, excluding admission assessments, residents with missing assessment values, residents with comatose status, residents who had an indwelling catheter or ostomy, or residents with unknown status for these conditions
**Numerator:** Subset of the denominator who indicated frequent or constant loss of control of bowels or bladder on the target assessment

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


**MEASURE ID: 70401041**

**Measure Title:** Long-stay nursing home residents who were physically restrained

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

- Geographic Representation: National & State
- Years Available: 2013-2017
- Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status
- **Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0
- **Denominator:** Medicare chronic care long-stay residents with a valid target assessment or assessments with missing values for several classes of restraints
- **Numerator:** Subset of the denominator who were physically restrained on target assessment by trunk and limb restraints or by chair use
- **Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.
MEASURE ID: 70401051

**Measure Title:** Short-stay nursing home residents with moderate to severe pain

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**
- Geographic Representation: National & State
- Years Available: 2013-2017
- Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and Metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

**Denominator:** Post-acute care patients with a valid assessment, excluding assessments with uncompleted data, or where pain intensity was zero in the last 5 days

**Numerator:** Subset of the denominator with almost constant or frequent pain and at least one episode of moderate to severe pain, or severe/horrible pain of any frequency

**Comments:** Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


MEASURE ID: OASIS_5, 70401061

**Measure Title:** Home health care patients whose shortness of breath (dyspnea) decreased

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)
Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with a discharge during the year, excluding episodes for which the patient, at start/resumption of care, was not short of breath at any time, episodes that end with inpatient facility transfer or death

Numerator: Subset of the denominator in which a person’s dyspneic status improved compared with a prior assessment in the episode

Comments: The OASIS instrument measures dyspneic status on a 4-level scale from 0 (not short of breath) to 3 (dyspnea at rest). Further information on HHQI measures is available at: http://www.cms.hhs.gov/HomeHealthQualityInitiatives/. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

MEASURE ID: OASIS_8, 70401081

Measure Title: Home health care patients who stayed at home after an episode of home health care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the year, excluding episodes that end in patient death

Numerator: Number of home health episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge
Comments: Further information about HHQI measures is available at: http://www.cms.hhs.gov/HomeHealthQualityInits/. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

MEASURE ID: OASIS_17, 70401091

Measure Title: Home health patients who had improvement in upper body dressing

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

Denominator: Number of home health quality episodes ending with a discharge during year, excluding episodes for which the patient, at start/resumption of care, was able to dress upper body without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in dressing their upper body at discharge than at start (or resumption) of care

Comments: The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted. Further information about HHQI measures is available at http://www.cms.hhs.gov/HomeHealthQualityInits/.

MEASURE ID: OASIS_14, 70401101

Measure Title: Home health patients who had improvement in confusion frequency.

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic Representation: National, State

Years Available: 2013-2017
Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health quality episodes ending with a discharge during year, excluding episodes for which the patient, at start/resumption of care, was not confused at any time, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

**Numerator:** Number of home health quality episodes where the discharge assessment indicates the patient is confused less often at discharge than at start (or resumption) of care

**Comments:** The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted. Further information about risk adjustment and the HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/).

**MEASURE ID:** OASIS_9, 70401111

**Measure Title:** Home health care patients whose pain when moving around decreased

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health quality episodes ending with a discharge during year, excluding episodes for which the patient, at start/resumption of care, had no pain reported, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

**Numerator:** Number of home health quality episodes where the value recorded on the discharge assessment indicates less frequent pain at discharge than at start (or resumption) of care

**Comments:** The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted. Further information about HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/).
7.5 Clinical Preventive Services

7.5.1 Adult Preventive Care

**MEASURE ID: NHIS_1, 70501011**

**Measure Title:** Women ages 50-74 who received a mammogram in the last 2 years

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, States


National: 2000-2018

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** Number of women ages 50-74

**Numerator:** Subset of Denominator: who report receiving a mammogram within the last 2 years

**Comments:** National data is referred to as measure C-17 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 50-64 and 50-74.

**MEASURE ID: NPCR_1, 70501012**

**MEASURE ID: 70501012**

**Measure Title:** Breast cancer diagnosed at advanced stage in women age 40 and over

**Measure Source:** Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) and the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results Program (SEER), U.S. Cancer Statistics
Table Descriptions:

Geographic Representation: National, States

Years Available: States - 2004 to 2016

National - 2000 to 2016

Population Subgroups: Age, race, ethnicity

Data Sources: U.S. Cancer Statistics - CDC NPCR and NCI SEER

Denominator: Women age 40 and over

Numerator: Subset of the denominator with new diagnosis of advanced stage invasive breast cancer; advanced stage is defined as regional or distant stage

Comments: Advanced stage for this table refers to regional (spread to regional lymph nodes) and distant (cancer has metastasized) Surveillance, Epidemiology, and End Results (SEER) summary stage.

Historically, cancer stage has been collected using three different staging systems, each with a different purpose, dataset, and rules. The American Joint Committee on Cancer (AJCC), in collaboration with North American standard setters, developed a unified dataset that combines and standardizes the information needed to assign stage in the AJCC (Tumor, Node, Metastasis, or TNM), SEER (Extent of Disease, [EOD]), and Summary Stage (SS) 1977 and 2000 systems and to derive the TNM stage group, EOD, and SS applicable to each cancer site beginning with cancers diagnosed in 2004.

The 2005 data were adjusted for areas affected by Hurricanes Katrina and Rita. Hurricanes Katrina and Rita had a huge impact on the populations within the Gulf Coast region for the second half of 2005. Katrina also significantly affected the Louisiana Cancer Registry's ability to report data for that time period. In an effort to provide the most accurate and complete data and statistics possible, the NPCR and SEER programs made several changes for the releases of data and statistics for 2005. For more information, please see https://www.cdc.gov/cancer/uscs/technical_notes/data_sources/incidence.htm.

MEASURE ID: NHIS_2, 70501021

Measure Title: Women ages 21-65 who received a Pap smear in the last 3 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, States

National: 2000-2018

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** U.S. female civilian noninstitutionalized population ages 21-65

**Numerator:** Subset of Denominator: women who have not had a hysterectomy and who report receiving a Pap smear within the last 3 years

**Comments:** This measure is referred to as measure C-15 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population using three age groups: 21-34, 35-44, and 45-65.

**MEASURE ID:** NHIS_3, 70501031

**Measure Title:** Adults ages 50-75 who received any type of colorectal cancer screening

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2000-2018

State: 2013-2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** U.S. civilian noninstitutionalized population ages 50 to 75 years
**Numerator:** Number of persons aged 50 to 75 years who have had a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years

**Comments:** This measure is referred to as measure C-16 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 50-64, 65-75.

**MEASURE ID:** NPCR_3, 70501022

**MEASURE ID:** 705010132

**Measure Title:** Colorectal cancer diagnosed at advanced stage per 100,000 adults age 50 and over

**Measure Source:** U.S. Cancer Statistics - Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) and the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results Program (SEER)

**Table Descriptions:**

Geographic Representation: National, States

Years Available: State - 2004 to 2016

National - 2000 to 2016

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** U.S. Cancer Statistics, CDC NPCR and NCI SEER

**Denominator:** U.S. population age 50 and over

**Numerator:** Subset of denominator with new colorectal cancers diagnosed as regional or distant staged cancers in the survey years

**Comments:** All rates are age-adjusted to the 2000 standard US population by 5-year age groups, except where indicated. State estimates are per 100,000 population, age 50 and over, and are age-adjusted to the 2000 US standard million population by 5-year age groups.

The 2005 data were adjusted for areas affected by Hurricanes Katrina and Rita. Hurricanes Katrina and Rita had a huge impact on the populations within the Gulf Coast region for the second half of 2005. Katrina also significantly affected the Louisiana Cancer Registry’s ability to report data for that time period. In an effort to provide the most accurate and complete data and statistics possible, the NPCR and SEER programs made several changes for the releases of
data and statistics for 2005. For more information, please see

Advanced stage refers to tumors diagnosed at regional or distant stage. Regional stage is
defined as a neoplasm that has extended beyond the limits of the organ of origin, either
directly into surrounding organs or tissues or into regional lymph nodes. Distant stage is
defined as a neoplasm that has spread to parts of the body remote from the primary tumor,
either by direct extension or by discontinuous metastasis.

Cancer stage historically has been collected using three different staging systems having three
different purposes, datasets, and rules. The American Joint Committee on Cancer (AJCC), in
collaboration with North American standard setters, has developed a unified dataset that
combines and standardizes the information needed to assign stage in the AJCC (Tumor, Node,
Metastasis, [TNM]), SEER (Extent of Disease [EOD]), and Summary Stage (SS) 1977 and 2000
systems and to derive the TNM stage group, EOD, and SS applicable to each cancer site
beginning with cancers diagnosed in 2004.

MEASURE ID: NHIS_4, 70501041

Measure Title: Adults who received a blood pressure measurement in the last 2 years and can
state whether their blood pressure was normal or high

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National

Years Available: 2003-2017

Population Subgroups: Activity limitation, age, education, health insurance, income,
race/ethnicity, geographic location (residence)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health
Statistics (NCHS), National Health Interview Survey (NHIS)

Denominator: U.S. adult population age 18 and over

Numerator: Subset of the Denominator: who had their blood pressure measured in the last 2
years and can state whether their blood pressure was normal or high

Comments: This measure is referred to as measure HDS-4 in Healthy People 2020
documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data and
health insurance data for the population age 65 and over are unadjusted.
MEASURE ID: NHIS_5, 70501042

Measure Title: Adults who received a blood cholesterol measurement in the last 5 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, States

Years Available: State: 2013-2017

National: 2000 - 2017

Population Subgroups: Activity limitation, age, education, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. adult population age 18 and over

Numerator: Subset of the Denominator: who have had their cholesterol checked within the previous 5 years

Comments: Data are age adjusted to the 2000 U.S. standard population. Age-adjusted rates are weighted sums of age-specific rates. This measure is referred to as measure HDS-6 in Healthy People 2020 documentation.

MEASURE ID: NHIS_8, 70501061

Measure Title: Adults ages 18-64 at high risk (e.g., COPD) who received an influenza vaccination in the last flu season

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, States

Years Available: State: 2013-2017

National: 2009-2010 to 2017-2018
Population Subgroups: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

**Data Sources:** National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** U.S. civilian noninstitutionalized population ages 18-64 who have a high-risk condition

**Numerator:** Subset of the Denominator: who report receiving an influenza vaccination in the last flu season months

**Comments:** This measure is referred to as measure IID-12.6 in Healthy People 2020 documentation. High-risk conditions include diabetes, heart disease, lung disease, kidney disease, liver disease, and cancer. Not all high-risk conditions for complications of influenza can be ascertained by the NHIS (e.g., immunocompromised states), and sample sizes may be too small to estimate. Data are age adjusted to the 2000 U.S. standard population.

**MEASURE ID: NHIS_10, 70501062**

**Measure Title:** Adults age 18 and over who received an influenza vaccination in the last flu season

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National

Years Available: 2009-2010 to 2017-2018

Population Subgroups: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Denominator:** U.S. civilian noninstitutionalized population of adults age 18 and over

**Numerator:** Number of adults age 18 and over who report receiving an influenza vaccination in the last flu season

**Comments:** This measure is referred to as measure IID-12.12 in Healthy People 2020 documentation.
Data are age adjusted to the 2000 U.S. standard population.

**MEASURE ID: NHIS_9, 70501071**

**Measure Title:** Adults age 65 and over who received an influenza vaccination in the last 12 months

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, States

Years Available: State: 2013-2017

National: 2004-2005 to 2017-2018

Population Subgroups: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

**Data Sources:** National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** U.S. civilian noninstitutionalized population of adults age 65 and over

**Numerator:** Number of adults age 65 and over who report receiving an influenza vaccination in the past 12 months

**Comments:** This measure is referred to as measure IID-12.7 in Healthy People 2020 documentation.

Data are age adjusted to the 2000 U.S. standard population.

**MEASURE ID: HCUP_37, 70501081**

**Measure Title:** Hospital admissions for immunization-preventable influenza per 100,000 population, age 65 and over

**Measure Source:** Healthy People 2010

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017
Population Subgroups: Age, sex, location of residence, median household income of patient’s ZIP Code, region

**Data Sources:** AHRQ, CDOM, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

**Denominator:** U.S. resident population age 65 and over

**Numerator:** Hospitalization of adults age 65 and over with any diagnosis of immunization-preventable influenza, excluding transfers from other institutions

**Comments:** This measure is referred to as measure 1-9c in Healthy People 2010 documentation. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM codes to identify immunization-preventable influenza include the following: J10.00, J10.01, J10.08, J10.1, J10.2, J10.81, J10.82, J10.83, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81, J11.82, J11.83, and J11.89. Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** NHIS_11, 70501091

**Measure Title:** High-risk adults ages 18-64 at who ever received a pneumococcal vaccination

**Measure Source:** Healthy People 2020
Table Descriptions:

Geographic Representation: National, States

Years Available: State: 2013-2017

National: 2000-2018

Population Subgroups: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population of adults ages 18-64 with a high-risk condition

Numerator: Subset of the Denominator: who report ever receiving a pneumococcal vaccination

Comments: This measure is referred to as measure IID-13.2 in Healthy People 2020 documentation.

MEASURE ID: NHIS_12, 70501101

Measure Title: Adults age 65 and over who ever received a pneumococcal vaccination

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, States

Years Available: State: 2013-2017

National: 2000-2018

Population Subgroups: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population of adults age 65 and over
**Numerator:** Subset of the Denominator: who report ever receiving a pneumococcal vaccination

**Comments:** This measure is referred to as measure IID-13.1 in Healthy People 2020 documentation.

Data are age adjusted to the 2000 U.S. standard population.

**MEASURE ID:** 70501111

**Measure Title:** Hospital patients who received influenza vaccination

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2016 to 2017

Population Characteristics: Age, sex, race/ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Inpatient Quality Reporting (Hospital IQR) Program

**Denominator:** Hospital patients

**Numerator:** Subset of the denominator who were screened for influenza vaccine status if indicated.

**Comments:** Estimates are calculated using hospital-level scores.

**MEASURE ID:** 70501131

**Measure Title:** Adults who received any preventive dental service in the calendar year

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the Healthy People 2020 Oral Health Objective OH-8 “Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year." For example, OH-8 includes persons ages 2-18 at or below 200 percent of the Federal poverty level. The QDR measure is for all persons age 65 and over. Information and data for OH-8 are available at: https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives.
Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of denominator who received any preventive dental service in the calendar year. Preventive dental service includes: Cleanings, fluoride, sealants, and periodontal recall visits. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

MEASURE ID: MEPS_3d, 70501132

Measure Title: Adults who had a dental visit in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the Healthy People 2020 Oral Health Objective OH-7 “Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.” For example, HP2020 OH-7 includes persons age 2 and over and the estimates are age-adjusted. This measure includes persons age 18 and over and the estimates are not age-adjusted. Information and data for OH-7 are available at: https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives.

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of denominator who had a dental visit in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”
7.5.2 Childhood Immunization

**MEASURE ID: NIS_4, 70502011**

**Measure Title:** Children ages 19-35 months who received all recommended vaccines

**Measure Source:** Healthy People 2020

**Table Descriptions:**

- **Geographic Representation:** National, State
- **Years Available:** 2009-2017
- **Population Subgroups:** Race, ethnicity, sex, income
- **Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population of children ages 19-35 months

**Numerator:** Number of children ages 19-35 months receiving at least 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine; at least 3 doses of polio vaccine; at least 1 dose of measles-mumps-rubella (MMR) vaccine; at least 3 doses or at least 4 doses of *Haemophilus influenzae* B (Hib) vaccine, depending on product type received; at least 3 doses of hepatitis B vaccine; at least 1 dose of varicella vaccine; and at least 4 doses of pneumococcal conjugate vaccine (PCV).

**Comments:** This is a composite measure; it is referred to as measure IID-8 in Healthy People 2020 documentation. The vaccines included in this measure are based on the corresponding Healthy People 2020 objective. These include at least 4 doses of DTaP vaccine; at least 3 doses of polio vaccine; at least 1 dose of MMR vaccine; at least 3 or at least 4 doses of Hib vaccine, depending on type of vaccine received; at least 3 doses of hepatitis B vaccine; at least 1 dose of varicella vaccine; and at least 4 doses of PCV. The following vaccines were added to the list of recommended vaccines for children up to 35 months of age but were not added to this measure: influenza vaccine (added in 2004) and hepatitis A vaccine and rotavirus vaccine (both added in 2006).

**MEASURE ID: NIS_5, 70502021**

**Measure Title:** Children ages 19-35 months who received 4 doses of diphtheria-tetanus-pertussis vaccine

**Measure Source:** Healthy People 2020
Table Descriptions:

Geographic Representation: National, State


State: 2000-2017

Population Subgroups: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving at least 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens

Comments: This measure is referred to as measure IID-7.1 in Healthy People 2020 documentation. This baseline measure tracks the number of children ages 19-35 months receiving 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens, as well as those children who received the combination of diphtheria, tetanus, and pertussis antigens.

Statistical adjustments are made to minimize bias due to (1) lower coverage among children living in households without telephones, (2) discrepancies between vaccinations reported by household compared with immunization providers, and (3) differences in racial/ethnic population distribution in the sample compared with racial/ethnic population distribution at birth.

MEASURE ID: NIS_6, 70502022

Measure Title: Children ages 19-35 months who received 3 or more doses of polio vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State


State: 2000-2017

Population Subgroups: Race, ethnicity, sex, income
Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving at least 3 doses of the polio antigen

Comments: This measure is referred to as measure IID-7.5 in Healthy People 2020 documentation.

MEASURE ID: NIS_7, 70502023

Measure Title: Children ages 19-35 months who received at least 1 dose of measles-mumps-rubella vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

State: 2000-2017

Population Subgroups: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving at least 1 dose of the combination of measles, mumps, and rubella antigens

Comments: This measure is referred to as measure IID-7.4 in Healthy People 2020 documentation.

MEASURE ID: NIS_8, 70502025

Measure Title: Children ages 19-35 months who received 3 doses of hepatitis B vaccine

Measure Source: Healthy People 2020
Table Descriptions:

Geographic Representation: National, State

State: 2000-2017

Population Subgroups: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of denominator receiving at least 3 doses of the hepatitis B antigen

Comments: This measure is referred to as measure IID-7.3 in Healthy People 2020 documentation.

MEASURE ID: NIS_9, 70502026

Measure Title: Children ages 19-35 months who received 1 dose of varicella vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

State: 2000-2017

Population Subgroups: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of denominator receiving at least 1 dose of the varicella antigen

Comments: This measure is referred to as measure IID-7.6 in Healthy People 2020 documentation.
MEASURE ID: NIS_2, 70502027

Measure Title: Children ages 19-35 months who received 4 or more doses of pneumococcal conjugate vaccine

Measure Source: Healthy People 2020

Table Descriptions:
Geographic Representation: National, State
Years Available: National: 2010-2017
State: 2011-2017
Population Subgroups: Income, race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving 4 or more doses of pneumococcal conjugate

Comments: This measure is referred to as measure IID-7.7 in Healthy People 2020 documentation.

MEASURE ID: NIS_1, 70502028

Measure Title: Children ages 19-35 months who received a full series of Haemophilus influenzae type B vaccine

Measure Source: Healthy People 2020

Table Descriptions:
Geographic Representation: National, State
State: 2011-2017
Population Subgroups: Income, race/ethnicity, sex
**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population of children ages 19-35 months

**Numerator:** Subset of the denominator receiving a full series of the *Haemophilus influenzae* B antigen

**Comments:** This measure is referred to as measure IID-7.2 in Healthy People 2020 documentation.

**MEASURE ID:** NIS_10, 70502031

**Measure Title:** Adolescents ages 13-15 years who received at least 1 dose of meningococcal conjugate vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**
Geographic Representation: National, State

State: 2008-2017

Population Subgroups: Race, ethnicity, sex, income

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population ages 13-15

**Numerator:** Subset of the denominator who received at least 1 dose of meningococcal conjugate vaccine

**Comments:** This measure is referred to as measure IID-11.3 in Healthy People 2020.

**MEASURE ID:** NIS_10, 70502033

**Measure Title:** Adolescents ages 16-17 years who received at least 1 dose of meningococcal conjugate vaccine

**Measure Source:** Healthy People 2020
Table Descriptions:

Geographic Representation: National, State

State: 2008-2017

Population Subgroups: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population ages 16-17

Numerator: Subset of the denominator who received at least 1 dose of meningococcal conjugate vaccine

Comments: This measure is referred to as measure IID-11.3 in Healthy People 2020.

MEASURE ID: NIS_12, 70502041

Measure Title: Adolescents females ages 13-15 who received at least three doses of human papillomavirus vaccine, either quadrivalent or bivalent

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

State: 2008-2017

Population Subgroups: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of females ages 13-15

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine
Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

MEASURE ID: NIS_12, 70502042

Measure Title: Adolescents females ages 16-17 who received at least three doses of human papillomavirus vaccine, either quadrivalent or bivalent

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State


State: 2008-2017

Population Subgroups: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of females ages 16-17

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

MEASURE ID: NIS_13, 70502043

Measure Title: Adolescents males ages 13-15 who received at least three doses of human papillomavirus vaccine, either quadrivalent or bivalent

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

Years Available: National: 2012-2017

State: 2012-2017
Population Subgroups: Race, ethnicity, sex, income

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population of males ages 13-15

**Numerator:** Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

**Comments:** This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

**MEASURE ID: NIS_13, 70502044**

**Measure Title:** Adolescents males ages 16-17 who received at least three doses of human papillomavirus vaccine, either quadrivalent or bivalent

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2012-2017

State: 2012-2017

Population Subgroups: Race, ethnicity, sex, income

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population of males ages 16-17

**Numerator:** Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

**Comments:** This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

**MEASURE ID: NIS_11, 70502045**

**Measure Title:** Adolescents ages 13-15 who received at least three doses of human papillomavirus vaccine, either quadrivalent or bivalent
**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2012-2017

State: 2012-2017

Population Subgroups: Race, ethnicity, sex, income

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population ages 13-15

**Numerator:** Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

**Comments:** This measure is referred to as measure IID-11.4 in Healthy People 2020 documentations.

**MEASURE ID:** NIS_11, 70502046

**Measure Title:** Adolescents ages 16-17 who received at least three doses of human papillomavirus vaccine, either quadrivalent or bivalent

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2012-2017

State: 2012-2017

Population Subgroups: Race, ethnicity, sex, income

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population ages 16-17
**Numerator:** Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

**Comments:** This measure is referred to as measure IID-11.4 in Healthy People 2020 documentations.

**MEASURE ID: NIS_14, 70502051**

**Measure Title:** Adolescents ages 13-15 who received at least 1 dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since the age of 10 years

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State


State: 2008-2017

Population Subgroups: Race, ethnicity, sex, income, geographic location

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population ages 13-15

**Numerator:** Subset of the denominator who received 1 or more doses of Tdap vaccine

**Comments:** This measure is referred to as measure IID-11.1 in Healthy People 2020 documentation.

**MEASURE ID: NIS_14, 70502052**

**Measure Title:** Adolescents ages 16-17 who received at least 1 dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since the age of 10 years

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

State: 2008-2017

Population Subgroups: Race, ethnicity, sex, income, geographic location

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population ages 16-17

**Numerator:** Subset of the denominator who received 1 or more doses of Tdap vaccine

**Comments:** This measure is referred to as measure IID-11.1 in Healthy People 2020 documentation.

**MEASURE ID:** NIS_3, 70502071

**Measure Title:** Adolescents ages 13-15 years who received at least 2 doses of varicella vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State


State: 2008-2017

Population Subgroups: Income, race/ethnicity, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

**Denominator:** U.S. civilian noninstitutionalized population of adolescents ages 13-15

**Numerator:** Subset of the denominator receiving at least 2 doses of varicella vaccine

**Comments:** This measure is referred to as measure IID-11.2 in Healthy People 2020 documentation.

**MEASURE ID:** NIS_3, 70502072

**Measure Title:** Adolescents ages 16-17 years who received at least 2 doses of varicella vaccine

**Measure Source:** Healthy People 2020
Table Descriptions:

Geographic Representation: National, State

State: 2008-2017

Population Subgroups: Income, race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of adolescents ages 16-17

Numerator: Subset of the denominator receiving at least 2 doses of varicella vaccine

Comments: This measure is referred to as measure IID-11.2 in Healthy People 2020 documentation.

MEASURE ID: NHIS_23, 70502061

Measure Title: Children ages 6 months to 17 years who received influenza vaccination

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic Representation: National

Years Available: 2009-2018

Population Subgroups: Age, race/ethnicity, health insurance, income, race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Denominator: Number of children ages 6 months to 17 years

Numerator: Subset of the Denominator: who reported they received influenza vaccination

Comments: Estimates are not age adjusted.
7.5.3 Other Childhood Preventive Care

MEASURE ID: MEPS_2, 70503011

Measure Title: Children who had their height and weight measured by a health provider within the past 2 years

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 18

Numerator: Subset of the denominator who had both height and weight measurements taken within the past 2 years by a health provider

Comments: This is a composite measure combining responses to both height and weight measurements. "Don't Know" responses to the questions of when the weight and height were measured were excluded.

MEASURE ID: MEPS_3, 70503021

Measure Title: Children ages 2-17 who had a dental visit in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the Healthy People 2020 Oral Health Objective OH-7 “Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.” For example, HP2020 OH-7 includes persons age 2 and over and the estimates are age-adjusted. This measure includes persons ages 2-17 and the estimates are not age-adjusted. Information and data for OH-7 are available at: https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives.

Table Descriptions:

Geographic Representation: National
Years Available: 2002 to 2017

Population Subgroups: age, gender, race, ethnicity, family income, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, CSHCN (children with special health care needs), and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17 years

Numerator: Subset of denominator who had a dental visit in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

Comments: With the exception of the "children with special health care needs" category, the age used to subset the child population was defined as a person’s age on December 31 of the data year. Age at the round 2 and 4 interview date was used for “children with special health care needs” because these questions were asked in rounds 2 and 4.

MEASURE ID: MEPS_3b, 70503025

Measure Title: Children ages 2-17 who received any preventive dental service in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the Healthy People 2020 Oral Health Objective OH-8 “Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.” For example, OH-8 includes persons ages 2-18 at or below 200 percent of the Federal poverty level. The QDR measure is for all persons ages 2-17. Information and data for OH-8 are available at: https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives.

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: age, gender, race, ethnicity, family income, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, CSHCN (children with special health care needs), and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17 years
**Numerator:** Subset of denominator who received any preventive dental service in the calendar year. Preventive dental service includes: Cleanings, fluoride, sealants, and periodontal recall visits. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

**Comments:** With the exception of the "children with special health care needs" category, the age used to subset the child population was defined as a person’s age on December 31 of the data year. Age at the interview date for rounds 2 and 4 was used for “children with special health care needs” because these questions were asked in rounds 2 and 4.

**MEASURE ID:** NHANES_7, 70503023

**Measure Titles:** Children ages 5-17 with untreated dental caries

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National


Population Subgroups: Sex, family income, ethnicity

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

**Denominator:** Children ages 5-17 years

**Numerator:** Subset of denominator with a clinical diagnosis of dental decay in at least one tooth that has not been restored

**Comments:** This measure is referred to as measure OH-2 in Healthy People 2020 documentation. The age ranges have been modified from the original specification.

**MEASURE ID:** MEPS_4, 70503032

**Measure Title:** Children ages 3-5 who ever had their vision checked by a health provider

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017
Population Subgroups: Gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACt, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 3-5 years

Numerator: Subset of the denominator whose vision had ever been checked by a doctor or other health provider

Comments: Estimates exclude nonrespondents as well as "Don't Know" responses.

MEASURE ID: MEPS_5, 70503041

Measure Title: Children for whom a health provider gave advice in the past 2 years about how smoking in the house can be bad for a child

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACt), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACt, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 18

Numerator: Subset of the denominator for whom a doctor or other health provider within the past 2 years had given advice about how smoking in the house can be harmful

Comments: Estimates exclude nonrespondents and "Don't Know" responses.

MEASURE ID: MEPS_6, 70503042

Measure Title: Children 0-40 lbs. for whom a health provider gave advice in the past 2 years about using child safety seats when riding in a car

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACt), Medical Expenditure Panel Survey (MEPS)
Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized child population weighing 0-40 lbs

Numerator: Subgroup of the denominator for whom a doctor or other health provider had given advice within the past 2 years about using child car safety seats

MEASURE ID: MEPS_7, 70503043

Measure Title: Children 41-80 lbs. for whom a health provider gave advice within the past 2 years about using booster seats when riding in a car

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized child population weighing 41-80 lbs

Numerator: Subset of the denominator for whom a doctor or other health provider had given advice in the past 2 years about using booster seats

MEASURE ID: MEPS_8, 70503044

Measure Title: Children over 80 lbs. for whom a health provider gave advice within the past 2 years about using lap or shoulder belts when riding in a car
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized child population weighing over 80 lbs.

**Numerator:** Subset of the denominator for whom a doctor or other health provider had given advice within the past 2 years about using lap and shoulder belts

**MEASURE ID:** MEPS_9, 70503045

**Measure Title:** Children ages 2-17 years for whom a health provider gave advice within the past 2 years about using a helmet when riding a bicycle or motorcycle

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population ages 2-17 years

**Numerator:** Subset of the denominator for whom a doctor or other health provider had given advice within the past 2 years about using a helmet when riding a bicycle or motorcycle

**Comments:** Estimates exclude nonrespondents and "Don't Know" responses.
**MEASURE ID: NHIS_14, 70503061**

**Measure Title:** Children age 0-17 with a wellness checkup in the past 12 months

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

**Table Descriptions:**

- **Geographic Representation:** National
- **Years Available:** 2000-2018
- **Population Subgroups:** Age, ethnicity, race, sex, income, insurance, location of residence
- **Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), and National Health Interview Survey (NHIS)

**Denominator:** Children ages 0-17

**Numerator:** Subset of the Denominator: who received a wellness checkup in the past 12 months

**7.5.4 Overall Preventive Care**

**MEASURE ID: MDS_10, 70504011**

**Measure Title:** Long-stay nursing home residents who were assessed and appropriately given an influenza vaccination

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

- **Geographic Representation:** National & State
- **Years Available:** 2013-2017
- **Population Subgroups:** Age, gender, race/ethnicity, marital status, preferred language, and Metropolitan status
- **Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0
**Denominator:** Medicare chronic care long-stay residents with a valid target assessment, excluding those not in the facility during the current or most recent influenza season, not eligible due to medical contraindication, and offered and declined the influenza vaccine

**Numerator:** Subset of the denominator who received an influenza vaccination either in the facility or outside the facility

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


**MEASURE ID:** MDS_12, 70504021

**Measure Title:** Long-stay nursing home residents who were assessed and appropriately given the pneumococcal vaccination

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National & State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language,
and Metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care nursing home long-stay residents with a valid target assessment

**Numerator:** Subset of the denominator who have an up-to-date pneumococcal vaccination, were offered and declined the vaccine, or were ineligible due to contraindications

**Comments:** Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An
episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


**MEASURE ID: MDS_11, 70504031**

**Measure Title:** Short-stay nursing home residents who were assessed and appropriately given an influenza vaccination during the flu season

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

**Table Descriptions:**

Geographic Representation: National & State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

**Data Sources:** CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

**Denominator:** Medicare chronic care short-stay residents with a valid target assessment, excluding those not in the facility during the current or most recent influenza season, not eligible due to medical contraindication, and offered and declined the influenza vaccine

**Numerator:** Subset of the denominator who received an influenza vaccination either in the facility or outside the facility

**Comments:** Short-stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.

MEASURE ID: MDS_14, 70504041

Measure Title: Short-stay nursing home residents who were assessed and appropriately given the pneumococcal vaccination

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI)

Table Descriptions:
Geographic Representation: National & State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, marital status, preferred language, and metropolitan status

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Short-stay nursing home residents with a valid target assessment

Numerator: Subset of the denominator who have an up-to-date pneumococcal vaccination, were offered and declined the vaccine, or were ineligible due to contraindications

Comments: Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files and the target assessment was the end of the year assessment.


MEASURE ID: 70504051

Measure Title: Home health patients who had influenza vaccination during flu season

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:
Geographic Representation: National, State

Years Available: 2013-2017
Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health quality episodes ending with a discharge or transfer during year, excluding episodes for which no care was provided during flu season, or the patient died, or the patient does not meet age/condition guidelines for influenza vaccine.

**Numerator:** Number of home health quality episodes during which the patient a) received vaccination from the HHA or b) had received vaccination from HHA during earlier episode of care, or c) was determined to have received vaccination from another provider.

**Comments:** The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted. Further information about HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/).

**MEASURE ID:** 70504061

**Measure Title:** Home health patients who had pneumococcal polysaccharide vaccination

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2013-2017

Population Subgroups: Age, gender, race/ethnicity, and health insurance coverage

**Data Sources:** CMS, Home Health Quality Initiative (HHQI), Chronic Conditions Data Warehouse (CCW), Home Health Outcome and Assessment Information Set (OASIS)

**Denominator:** Number of home health quality episodes ending with a discharge or transfer during year, excluding episodes for which patient does not meet age/condition guidelines for Pneumococcal Polysaccharide Vaccine.

**Numerator:** Patients have ever received Pneumococcal Polysaccharide Vaccine.

**Comments:** Further information about HHQI measures is available at: [http://www.cms.hhs.gov/HomeHealthQualityInits/](http://www.cms.hhs.gov/HomeHealthQualityInits/).
Chapter 8. Affordable Care

8.1 Financial Burden of Health Care Cost

**MEASURE ID:** MEPS_43, 80101011

**Measure Title:** People under age 65 whose family's health insurance premiums and out-of-pocket medical expenditures were more than 10% of total family income

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2006 to 2017

Population Subgroups: Disability status, age, education, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, race, residence location, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population under age 65

**Numerator:** Subset of the denominator whose family's out-of-pocket medical expenditures were more than 10% of total family income

**Comments:** Health insurance premium is determined as the sum of insurance premiums (imputed) and Medicare Part B expenditures. Total family income is the sum of person-level pretax total income, refund income, and sale income. "Family" is defined in terms of health insurance eligibility units (HIEUs), which are composed of individuals who could be covered as a family under most private health insurance plans. For income, insurance, expenditures, and premiums, a family is defined in terms of HIEUs.

8.2 Usual Source of Care

**MEASURE ID:** MEPS_45, 80201011

**Measure Title:** People without a usual source of care who indicated a financial or insurance reason for not having a source of care

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)
Table Descriptions:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who reported having no usual source of care

Numerator: Subset of the denominator who indicated a financial or insurance reason for not having a usual source of care

MEASURE ID: MEPS_47, 80201021

Measure Title: People unable to get or delayed in getting medical care, dental care, or prescription medications due to financial or insurance reasons

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who were unable to get or delayed in getting needed medical care, dental care, or prescription medications

Numerator: Subset of the denominator reporting at least one of the following reasons for being unable to get or delaying in getting needed medical care, dental care, or prescription medications: 1) could not afford care, (2) insurance company would not approve/cover/pay, or (3) doctor refused family insurance plan
MEASURE ID: MEPS_48, 80201022

Measure Title: People unable to get or delayed in getting needed medical care due to financial or insurance reasons

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who were unable to get or delayed in getting needed medical care, tests or treatments

Numerator: Subset of the denominator reporting at least one of the following reasons for being unable to get or delaying in getting needed medical care 1) could not afford care, (2) insurance company would not approve/cover/pay, or (3) doctor refused family insurance plan

Comments: HP2020 measure 6.1 is persons unable to obtain or delaying needed medical care, dental care, or prescription medications (percent) HP2020 measure 6.2 is persons unable to obtain or delaying needed medical care (percent).

MEASURE ID: MEPS_49, 80201023

Measure Title: People who were unable to get or delayed in getting needed dental care due to financial or insurance reasons in the last 12 months

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2002-2017
Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population who were unable to get or delayed in getting needed dental care

**Numerator:** Subset of the denominator reporting at least one of the following reasons for being unable to get or delaying in getting needed dental care: 1) could not afford care, (2) insurance company would not approve/cover/pay, or (3) doctor refused family insurance plan

**MEASURE ID:** MEPS_50, 80201024

**Measure Title:** People who were unable to get or delayed in getting needed prescription medications care due to financial or insurance reasons in the last 12 months

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002-2017

Population Subgroups: age, gender, race, ethnicity, family income, education, employment status, health insurance, Medicaid/CHIP, residence location, language spoken at home, perceived health status, disability status, and U.S. born.

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized population who were unable to get or delayed in getting needed prescription medications

**Numerator:** Subset of the denominator reporting at least one of the following reasons for being unable to get or delaying in getting needed prescription medications: 1) could not afford care, (2) insurance company would not approve/cover/pay, or (3) doctor refused family insurance plan

**MEASURE ID:** BRFSS_14, 80201031

**Measure Title:** Adults who needed to see a doctor but could not because of cost in the past year

**Measure Source:** Healthy People 2020
Table Descriptions:

Geographic Representation: National

Years Available: 2013 to 2015, and 2017

Population Subgroups: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, marital status, obesity status, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population

Numerator: Subset of the denominator who report needing to see a doctor in but could not because of cost in the past year

Chapter 9. Priority Population

9.1 Health Resources and Services Administration (HRSA) - Uniform Data System (UDS) Measures

9.1.1 Clinical Measures

MEASURE ID: 90501011

Measure Title: Adults treated at a HRSA supported health centers who received weight screening and follow-up

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Descriptions:

Geographic Representation: State

Years Available: 2011 to 2018

Population Subgroups: State

Data Sources: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Denominator: Adults treated at a HRSA supported health center
**Numerator:** Subset of the denominator who with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight

**MEASURE ID: 90501012**

**Measure Title:** Children ages 3-17 treated at a HRSA supported health centers who received weight screening and follow-up

**Measure Source** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2011-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Children ages 3-17 treated at a HRSA supported health centers

**Numerator:** Subset of the denominator who with a BMI percentile, and counseling on nutrition and physical activity documented for the current year

**MEASURE ID: 90501021**

**Measure Title:** Adults ages 18 to 85 treated at a HRSA supported health centers with diagnosed hypertension whose last blood pressure was less than 140/90

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2008 -2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System
**Denominator:** Adults ages 18 to 85 treated at a HRSA supported health centers with diagnosed hypertension

**Numerator:** Subset of the denominator whose last blood pressure was less than 140/90

**MEASURE ID:** 90501031

**Measure Title:** Patients ages 5-40 treated at a HRSA supported health centers with diagnosed asthma who have an acceptable pharmacological treatment plan

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2011 -2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Patients ages 5-40 treated at a HRSA supported health centers with diagnosed asthma

**Numerator:** Subset of the denominator who have an acceptable pharmacological treatment plan

**MEASURE ID:** 90501041

**Measure Title:** Tobacco users aged 18 and above who were screened for tobacco use and received cessation advice or medication

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2011-2018

Population Subgroups: State
**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Adults tobacco users treated at a HRSA supported health center

**Numerator:** Subset of the denominator who received cessation advice or medication

**MEASURE ID: 90501051**

**Measure Title:** Adults treated at a HRSA supported health centers with appropriate screening for colorectal cancer

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2012-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Adults treated at a HRSA supported health center

**Numerator:** Subset of the denominator who received appropriate screening for colorectal cancer

**MEASURE ID: 90501061**

**Measure Title:** Adults ages 18-75 diagnosed with type I or II diabetes with Hba1c 9% or lower

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2018

Population Subgroups: State
Data Sources: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Denominator: Adults ages 18-75 diagnosed with type I or II diabetes treated at a HRSA supported health centers

Numerator: Subset of the denominator who with HbA1c level 9% or lower

MEASURE ID: 90501071

Measure Title: Children ages 2 years treated at a HRSA supported health center who received age appropriate vaccines

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Descriptions:
Geographic Representation: State

Years Available: 2008-2018

Population Subgroups: State

Data Sources: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Denominator: Children who had their 2nd birthday during the calendar year treated at a HRSA supported health centers

Numerator: Subset of the denominator who received age appropriate vaccines

9.1.2 Clinical Visits

MEASURE ID: 90502011

Measure Title: Distribution of visits to HRSA health centers by service category

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Descriptions:
Geographic Representation: State

Years Available: 2007-2017
Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Total number of visits to HRSA health centers

**Numerator:** Number of visits to HRSA health centers by each type of service category, including medical, dental, vision, mental health, substance abuse, enabling, and other services.

**Comments:** The percentages of this measure are distributions by service category at visit level, not patient level.

**MEASURE ID: 90502021**

**Measure Title:** Patients treated at HRSA supported health center who had at least one visit for medical service

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2016-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Patients with at least one visit to a HRSA supported health center

**Numerator:** Subset of the denominator who had at least one visit for medical service

**MEASURE ID: 90502031**

**Measure Title:** Patients treated at HRSA supported health center who had at least one visit for dental service

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State
Years Available: 2016-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Patients with at least one visit to a HRSA supported health center

**Numerator:** Subset of the denominator who had at least one visit for dental service

**MEASURE ID: 90502041**

**Measure Title:** Patients treated at HRSA supported health center who had at least one visit for vision service

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2016-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Patients with at least one visit to a HRSA supported health center

**Numerator:** Subset of the denominator who had at least one visit for vision service

**MEASURE ID: 90502051**

**Measure Title:** Patients treated at HRSA supported health center who had at least one visit for mental health service

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2016-2018
Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Patients with at least one visit to a HRSA supported health center

**Numerator:** Subset of the denominator who had at least one visit for mental health service

**MEASURE ID:** 90502061

**Measure Title:** Patients treated at HRSA supported health center who had at least one visit for substance abuse service

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2016-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Patients with at least one visit to a HRSA supported health center

**Numerator:** Subset of the denominator who had at least one visit for substance abuse service

**MEASURE ID:** 90502071

**Measure Title:** HRSA supported health center clinic visits where services were provided by a physician

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2007-2018

Population Subgroups: State
**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Number of visits to a HRSA supported health centers

**Numerator:** Subset of the denominator where services were provided by a physician

**MEASURE ID: 90502081**

**Measure Title:** HRSA supported health center services provided by a nurse practitioners, a physician assistants, or a certified nurse midwife

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2007-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Number of visits to a HRSA supported health centers

**Numerator:** Subset of the denominator who received services provided by a nurse practitioners, a physician assistants, or a certified nurse midwife

**MEASURE ID: 90502082**

**Measure Title:** HRSA supported health center services provided by a nurse

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2007-2018

Population Subgroups: State
Data Sources: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Denominator: Number of visits to a HRSA supported health centers

Numerator: Subset of the denominator who received services provided by a nurse

9.1.3 Electronic Health Records

MEASURE ID: 90503021

Measure Title: HRSA supported health centers with electronic health record system with capacity to provide patients with electronic summaries of office visits or other clinical information when requested

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Descriptions:

Geographic Representation: State

Years Available: 2014-2018

Population Subgroups: State

Data Sources: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Denominator: Total number of HRSA supported health centers

Numerator: Number of HRSA supported health centers with EHR capacity to provide patients with electronic summaries of office visits or other clinical information when requested

MEASURE ID: 90503051

Measure Title: HRSA supported health centers with computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Descriptions:

Geographic Representation: State
Years Available: 2010-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Total number of HRSA supported health centers

**Numerator:** Number of HRSA supported health centers with EHR capacity to provide clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions

**MEASURE ID: 90503071**

**Measure Title:** HRSA supported health centers with electronic health record system installed

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2018

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Total number of HRSA supported health centers

**Numerator:** Number of HRSA supported health centers with electronic health record system installed

**MEASURE ID: 90503081**

**Measure Title:** HRSA supported health centers with electronic health record system installed with capability to exchange key clinical information among providers of care and patient-authorized entities electronically

**Measure Source:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System
**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2016

Population Subgroups: State

**Data Sources:** Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

**Denominator:** Total number of HRSA supported health centers

**Numerator:** Number of HRSA supported health centers that had a EHR system with a component to exchange clinical information with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians

**Chapter 15. Supplemental Measures**

**15.1 Access to Care Measures**

**15.1.1 Getting Appointments for Care**

**MEASURE ID: NCBD_1, 150101011**

**Measure Title:** Adults who had an appointment for routine health in the last 6 months who sometimes or never got an appointment for routine care as soon as wanted, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: States

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had an appointment for routine health care in the last 6 months, Medicaid

**Numerator:** Subset of the denominator who indicated that they sometimes or never got an appointment for routine care as soon as wanted
MEASURE ID: NCBD_1, 150101012

Measure Title: Adults who had an appointment for routine health care in the last 6 or 12 months who sometimes or never got an appointment for routine care as soon as wanted, Medicare Managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: States

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had an appointment for routine health care in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator who indicated that they sometimes or never got an appointment for routine care as soon as wanted

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_1, 150101013

Measure Title: Adults who had an appointment for routine health care in the last 6 or 12 months who sometimes or never got an appointment for routine care as soon as wanted, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: States

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD
Denominator: Ambulatory care patients age 18 and over who had an appointment for routine health care in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator who indicated that they sometimes or never got an appointment for routine care as soon as wanted

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_2, 150101021

Measure Title: Children who had an appointment for routine health care in last 6 months who sometimes or never got an appointment for routine care as soon as wanted, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients under age 18 who had an appointment for routine health care in the last 6 months, Medicaid

Numerator: Subset of the denominator indicated that they sometimes or never got appointments for routine care as soon as wanted

MEASURE ID: NCBD_3, 150101031

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 6 months who sometimes or never got care as soon as wanted, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2014-2018
Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who needed care right away for an illness, injury, or condition in the last 6 months, Medicaid

Numerator: Subset of the denominator who sometimes or never got care as soon as wanted

MEASURE ID: NCBD_3, 150101032

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 6 or 12 months who sometimes or never got care as soon as wanted, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who needed care right away for an illness, injury, or condition in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator who sometimes or never got care as soon as wanted

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_3, 150101033

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 6 or 12 months who sometimes or never got care as soon as wanted, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State
Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who needed care right away for an illness, injury, or condition in the last 6 or 12 months, Medicare fee-for-service

**Numerator:** Subset of the denominator who sometimes or never got care as soon as wanted

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

15.1.2 Workforce Diversity

**MEASURE ID: 150103021**

**Measure Title:** Physicians and surgeons per 100,000 population

**Measure Source:** U.S. Census, American Community Survey.

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2007-2016

Population Subgroups: Race/ethnicity, region, and division

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** U.S. population

**Numerator:** Number of physicians and/or surgeons as indicated by the occupation code of either OCCP or SOCP

**MEASURE ID: 150103031**

**Measure Title:** Dentists per 100,000 population

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic Representation: National, State
Years Available: 2007-2016

Population Subgroups: Race/ethnicity, region, and division

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** U.S. population

**Numerator:** Number of dentists as indicated by the occupation code of either OCCP or SOCP

**MEASURE ID:** 150103041

**Measure Title:** Registered nurses per 100,000 population

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2007-2016

Population Subgroups: Race/ethnicity, region, and division

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** U.S. population

**Numerator:** Number of registered nurses as indicated by the occupation code of either OCCP or SOCP

**MEASURE ID:** 150103051

**Measure Title:** Pharmacists per 100,000 population

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2007-2016

Population Subgroups: Race/ethnicity, region, and division

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** U.S. population
**Numerator:** Number of pharmacists as indicated by the occupation code of either OCCP or SOCP

### 15.1.3 Focus on the Healthcare Safety Net

**MEASURE ID:** HCUP_47, 150104011

**Measure Title:** Percent of hospital discharges where expected payer is Medicaid or uninsured

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

**Table Descriptions:**

- Geographic Representation: National
- Years Available: 2016-2017
- Population Subgroups: Bed size (hospital), geographic location (hospital), ownership of hospital, region, teaching status of hospital

**Data Sources:** AHRQ, HCUP, National Inpatient Sample (NIS)

**Denominator:** All discharges in community hospitals in the U.S., excluding rehabilitation and long-term, acute care hospitals

**Numerator:** Subset of the denominator with an expected primary payer of Medicaid or uninsured (including self-pay, charity, and no charge).

**Comments:** The HCUP National Inpatient Sample (NIS) is drawn from all States participating in HCUP, covering more than 96 percent of the U.S. population. The NIS approximates a 20-percent stratified sample of discharges from U.S. community hospitals, excluding rehabilitation and long-term acute care hospitals. The large sample size enables analyses of rare conditions, uncommon treatments, and special patient populations.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** HCUP_48, 150104012

**Measure Title:** Hospital costs where expected payer is Medicaid or uninsured

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)
Table Descriptions:

Geographic Representation: National

Years Available: 2012-2017

Population Subgroups: Bed size (hospital), geographic location (hospital), ownership of hospital, region, teaching status of hospital

Data Sources: AHRQ, HCUP, National Inpatient Sample (NIS)

Denominator: Total costs of all community hospital discharges in the U.S., excluding rehabilitation and long-term, acute care hospitals

Numerator: Costs where expected primary payer of Medicaid or uninsured (including self-pay, charity, and no charge).

Comments: The HCUP National Inpatient Sample (NIS) is drawn from all States participating in HCUP, covering more than 96 percent of the U.S. population. The NIS approximates a 20-percent stratified sample of discharges from U.S. community hospitals, excluding rehabilitation and long-term acute care hospitals. The large sample size enables analyses of rare conditions, uncommon treatments, and special patient populations.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

15.1.4 Patient Perceptions of Need

MEASURE ID: NCBD_5, 150107012

Measure Title: Adults who needed to see a specialist in the last 6 or 12 months who sometimes or never found it easy to see a specialist Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD
**Denominator:** Ambulatory care patients age 18 and over who needed to see a specialist in the last 6 or 12 months, Medicare managed care

**Numerator:** Subset of the denominator who sometimes or never found it easy to see a specialist

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_5, 150107013

**Measure Title:** Adults who needed to see a specialist in the last 6 or 12 months who sometimes or never found it easy to see a specialist, Medicare fee-for-service

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**
- Geographic Representation: State
- Years Available: 2010-2011, 2013-2018
- Population Subgroups: race, ethnicity, education
- **Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who needed to see a specialist in the last 6 or 12 months, Medicare fee-for-service

**Numerator:** Subset of the denominator who sometimes or never found it easy to see a specialist

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_5, 150107017

**Measure Title:** Adults who needed to see a specialist in the last 6 months who sometimes or never found it easy to see a specialist, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**
- Geographic Representation: State
Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who needed to see a specialist in the last 6 months, Medicaid

Numerator: Subset of the denominator who sometimes or never found it easy to see a specialist

MEASURE ID: NCBD_6, 150107018

Measure Title: Children who needed to see a specialist in the last 6 months who sometimes or never found it easy to see a specialist

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2014-2018

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients under age 18 who needed to see a specialist in the last 6 months, Medicaid

Numerator: Subset of the denominator who sometimes or never found it easy to see a specialist

MEASURE ID: NCBD_21, 150107051

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: States
Years Available: 2011, 2014-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months and needed care, tests, or treatment, Medicaid

**Numerator:** Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment.

**Comment:** This measure is new from the 2017 NHQDR report.

**MEASURE ID:** NCBD_21, 150107052

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicare managed care

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: States

Years Available: 2011, 2013-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment, Medicare managed care

**Numerator:** Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment.

**Comment:** This measure is new from the 2017 NHQDR report.

Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.
MEASURE ID: NCBD_21, 150107053

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: States

Years Available: 2011, 2013-2018

Population Subgroups: race, ethnicity, and education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment, Medicare fee-for-service

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment.

Comment: This measure is new from the 2017 NHQDR report.

Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_22, 150107061

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: States

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, and education
Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients under age 18 who had a doctor’s office or clinic visit in the last 6 months and needed care, tests, or treatment, Medicaid

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment

Comment: This measure is new from the 2017 NHQDR report.

15.2 Person-Centered Care

15.2.1 Patient Experience of Care

MEASURE ID: NCBD_7, 150301012

Measure Title: Composite measure: Adults who had a doctor's office or clinic visit whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:
Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: State: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, or spent enough time with them

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_7, 150301013

Measure Title: Composite measure: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never listened carefully, explained things
clearly, respected what they had to say, and spent enough time with them, Medicare fee-for-service.

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

**Data Sources:** State: AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

**Numerator:** Subset of the denominator whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, or spent enough time with them

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_7, 150301015

**Measure Title:** Composite measure: Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, education

**Data Sources:** State: AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid
**Numerator:** Subset of the denominator whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, or spent enough time with them

**MEASURE ID:** MEPS_21, 150301021

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months whose health providers always listened carefully, explained things clearly, respected what they or their parents had to say, and spent enough time with them

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

**Data Sources:**

National: AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months, excluding those with missing or invalid responses to all of the questions that make up this composite measure

**Numerator:** Subset of the denominator whose parents or guardians responded "Always" to any of the four questions making up this composite measure

**Comments:** Estimates are weighted and adjusted for nonresponse based on the number of questions (out of four) with a valid response.

Before 2017, NHQDR used "Sometimes or never" estimates.

**MEASURE ID:** NCBD_8, 150301022

**Measure Title:** Composite measure: Children who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers always listened carefully, explained things clearly, respected what they or their parents had to say, and spent enough time with them, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).
Table Descriptions:

Geographic Representation: State

Years Available: 2010, 2014-2018

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 or 12 months, Medicaid

Numerator: Subset of the denominator whose health providers always listened carefully, explained things clearly, respected what they or their parents had to say, or spent enough time with them

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_9, 150301032

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never listened carefully to them, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully to them

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.
MEASURE ID: NCBD_9, 150301033

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never listened carefully to them, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully to them

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_9, 150301035

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never listened carefully to them, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid
**Numerator:** Subset of the denominator whose health providers sometimes or never listened carefully to them

**MEASURE ID:** MEPS_23, 150301041

**Measure Title:** Children who had a doctor's office or clinic visit whose health providers always listened carefully

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did doctors or other health providers listen carefully to you?" Nonrespondents and respondents indicating "Don't Know" were excluded

**Numerator:** Subset of the denominator who, according to their parents or guardians, responded "Always" to the above question

**Comments:** Nonrespondents and respondents indicating "Don't Know" were excluded.

Before 2017, NHQDR used "Sometimes or never" estimates.

**MEASURE ID:** NCBD_10, 150301042

**Measure Title:** Children who had a doctor's office or clinic visit in the last 6 months whose health providers always listened carefully, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State
MEASURE ID: NCBD_11, 150301052

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose doctor sometimes or never explained things in a way they could understand, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose doctor sometimes or never explained things in a way they could understand

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_11, 150301053

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose doctor sometimes or never explained things in a way they could understand, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State
Years Available: 2010-2011, 2013-2018

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

**Numerator:** Subset of the denominator whose doctor sometimes or never explained things in a way they could understand

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_11, 150301055

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 months whose doctor sometimes or never explained things in a way they could understand, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

**Numerator:** Subset of the denominator whose doctor sometimes or never explained things in a way they could understand

**MEASURE ID:** MEPS_25, 150301061

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months whose health providers always explained things in a way they or their parents could understand

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National
Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who had a doctor’s office or clinic visit in the last 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did [the person's] doctors or other health providers explain things in a way you could understand?"

**Numerator:** Subset of the denominator whose parent or guardian responded "Always" to the above question

**Comments:** Nonrespondents and respondents indicating "Don't Know" were excluded.

Before 2017, NHQDR used "Sometimes or never" estimates.

**MEASURE ID:** NCBD_12, 150301062

**Measure Title:** Children who had a doctor's office or clinic visit in the last 6 months whose health providers always explained things clearly to their parents, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010, 2014-2018

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients under age 18 who had a doctor’s office or clinic visit in the last 6 months, Medicaid

**Numerator:** Subset of the denominator whose health providers always explained things clearly to their parents

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.
MEASURE ID: NCBD_13, 150301063

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months whose health providers always explained things clearly to the child, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010, 2014-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers always explained things clearly to the child

MEASURE ID: NCBD_14, 150301072

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never showed respect for what they had to say, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care
**Numerator:** Subset of the denominator whose health providers sometimes or never showed respect for what they had to say

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_14, 150301073

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never showed respect for what they had to say, Medicare fee-for-service

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

**Numerator:** Subset of the denominator whose health providers sometimes or never showed respect for what they had to say

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_14, 150301075

**Measure Title:** Adults who had a doctor’s office or clinic visit in the last 6 months whose health providers sometimes or never showed respect for what they had to say, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2014-2018
Population Subgroups: race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

**Numerator:** Subset of the denominator whose health providers sometimes or never showed respect for what they had to say

**MEASURE ID:** MEPS_27, 150301081

**Measure Title:** Children who had a doctor's office or clinic visit whose health providers always showed respect for what they or their parents had to say

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002 - 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** Children under age 18 who had a doctor's office or clinic visit in the last 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers show respect for what you had to say?"

**Numerator:** Subset of the denominator whose parent or guardian responded "always" to the above question

**Comments:** Nonrespondents and respondents indicating "Don't Know" were excluded.

**MEASURE ID:** NCBD_15, 150301082

**Measure Title:** Children who had a doctor's office or clinic visit whose health providers always showed respect for what they or their parents had to say, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).
**Table Descriptions:**

Geographic Representation: State

Years Available: 2010, 2014-2018

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

**Numerator:** Subset of the denominator whose health providers always showed respect for what they or their parents had to say

**MEASURE ID:** NCBD_16, 150301092

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never spent enough time with them, Medicare managed care

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

**Numerator:** Subset of the denominator whose health providers sometimes or never spent enough time with them

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_16, 150301093

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never spent enough time with them, Medicare fee-for-service
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

**Numerator:** Subset of the denominator whose health providers sometimes or never spent enough time with them

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_16, 150301095

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never spent enough time with them, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: State

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

**Numerator:** Subset of the denominator whose health providers sometimes or never spent enough time with them
MEASURE ID: MEPS_29, 150301101

Measure Title: Children who had a doctor's office or clinic visit whose health providers always spent enough time with them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers spend enough time with you?"

Numerator: Subset of the denominator who responded "Always" to the above question

Comments: Nonrespondents and respondents indicating "Don't Know" were excluded.

Before 2017, NHQDR used "Sometimes or never" estimates.

MEASURE ID: NCBD_17, 150301102

Measure Title: Children who had a doctor's office or clinic visit whose health providers always spent enough time with them, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:

Geographic Representation: State

Years Available: 2010, 2014-2018

Data Sources: AHRQ, CQIPS, NCBD
Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers always spent enough time with them

MEASURE ID: NCBD_18, 150301112

Measure Title: Rating of health care 0-6 on a scale from 0 to 10 (best grade) by adults who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:
Geographic Representation: States
Years Available: 2010-2011, 2013-2018
Population Subgroups: race, ethnicity, and education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose parents gave a rating of health care 0-6 on a scale from 0 to 10 (best grade)

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

MEASURE ID: NCBD_18, 150301113

Measure Title: Rating of health care 0-6 on a scale from 0 to 10 (best grade) by adults who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

Table Descriptions:
Geographic Representation: States
Years Available: 2010-2011, 2013-2018
Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

**Numerator:** Subset of the denominator whose parents gave a rating of health care 0-6 on a scale from 0 to 10 (best grade)

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_18, 150301115

**Measure Title:** Rating of health care 0-6 on a scale from 0 to 10 (best grade) by adults who had a doctor's office or clinic visit in the last 6 months, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: States

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

**Numerator:** Subset of the denominator whose parents gave a rating of health care 0-6 on a scale from 0 to 10 (best grade)

**MEASURE ID:** HCAHPS_1, 150301191

**Measure Title:** Adult hospital patients who always had good communication with doctors in the hospital

**Measure Source:** Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems
Table Descriptions:

Geographic Representation: National, State

Years Available: 2009-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who reported that they always had good communication with doctors in the hospital

Comments: The measure flipped from "Sometimes or never" to "Always" from 2017 NHQDR report.

MEASURE ID: HCAHPS_2, 150301201

Measure Title: Adult hospital patients who always had good communication with nurses in the hospital

Measure Source: Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2009-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who reported that they always had good communication with nurses in the hospital

Comments: The measure flipped from "Sometimes or never" to "Always" from 2017 NHQDR report.

MEASURE ID: HCAHPS_6, 150301211

Measure Title: Adult hospital patients who strongly agree or agree that they understood how to manage their health after discharge
**Measure Source:** Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2014-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

**Data Sources:** CMS, HCAHPS

**Denominator:** Adult hospital patients

**Numerator:** Subset of the denominator who strongly agree or agree that they understood how to manage their health after discharge

**Comments:** The measure flipped from "Strongly disagree or disagree" to "Strongly agree or agree" from 2017 NHQDR report.

**MEASURE ID:** HCAHPS_7, 150301221

**Measure Title:** Adult hospital patients who strongly agree or agree that they understood the purpose for taking each of their medications after discharge

**Measure Source:** Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2014-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

**Data Sources:** CMS, HCAHPS

**Denominator:** Adult hospital patients

**Numerator:** Subset of the denominator who strongly agree or agree that they understood the purpose for taking each of their medications after discharge

**Comments:** The measure flipped from "Strongly disagree or disagree" to "Strongly agree or agree" from 2017 NHQDR report.
15.3 Care Coordination

15.3.1 Medication Information

15.3.2 Preventable Emergency Department Visits

MEASURE ID: 150402011

Measure Title: Emergency department visit per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population

Numerator: Total number of emergency department visits

Comments: The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_57, 150402021

Measure Title: Emergency department visits with a first-listed diagnosis related to mental health, alcohol, or substance abuse, per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)
Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, sex, geographic location (residence), median household income of patient’s ZIP Code, region

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population

Numerator: Emergency department visits in the U.S. with a first-listed diagnosis related to mental health disorders or substance use (see comments)

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM coding for mental health disorders listed under Measure ID HCUP_52; ICD-10-CM coding for substance use listed under Measure ID HCUP_53.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 150402031

Measure Title: Percent of emergency department visits with any diagnosis of dementia, adults age 65 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

Table Descriptions:

Geographic Representation: National
Years Available: 2017

Population Subgroups: Age

**Data Sources:** AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

**Denominator:** Emergency department visits in the U.S. for patients age 65 years or older who were not transferred

**Numerator:** Subset of denominator with any diagnosis of dementia

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description</th>
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</thead>
<tbody>
<tr>
<td>F0150</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F0151</td>
<td>Vascular dementia with behavioral disturbance</td>
</tr>
<tr>
<td>F0280</td>
<td>Dementia in other diseases classified elsewhere without behavioral disturbance</td>
</tr>
<tr>
<td>F0281</td>
<td>Dementia in other diseases classified elsewhere with behavioral disturbance</td>
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<td>Unspecified dementia without behavioral disturbance</td>
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<td>F05</td>
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<tr>
<td>G300</td>
<td>Alzheimer's disease with early onset</td>
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<td>Other Alzheimer's disease</td>
</tr>
<tr>
<td>G309</td>
<td>Alzheimer's disease, unspecified</td>
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**Comments:** The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).
MEASURE ID: 150402041

**Measure Title:** Emergency department visits with any diagnosis of dementia per 100,000 population, adults age 65 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2017

Population Subgroups: Age

**Data Sources:** AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

**Denominator:** U.S. resident population aged 65 or older

**Numerator:** Emergency department visits in the U.S. for patients age 65 years or older with any diagnosis of dementia, excluding those who were transferred

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description</th>
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</thead>
<tbody>
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<td>Vascular dementia</td>
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<tr>
<td>F0390</td>
<td>Unspecified dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F0391</td>
<td>Unspecified dementia with behavioral disturbance</td>
</tr>
<tr>
<td>Delirium, not induced by alcohol and other psychoactive substances</td>
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<td>F05</td>
<td>Delirium due to known physiological condition</td>
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<td>Alzheimer's disease</td>
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<td>G301</td>
<td>Alzheimer's disease with late onset</td>
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<tr>
<td>G308</td>
<td>Other Alzheimer's disease</td>
</tr>
<tr>
<td>G309</td>
<td>Alzheimer's disease, unspecified</td>
</tr>
</tbody>
</table>
Comments: The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

15.3.3 Preventable Hospitalizations

MEASURE ID: HCUP_63, 150403041

Measure Title: Potentially avoidable hospitalizations for all conditions per 100,000 population, age 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population of children ages 6 to 17 years

Numerator: Hospitalizations of children who qualified to be in the numerator for any of the following PDI measures:

- PDI 14: Asthma
- PDI 15: Diabetes, short-term complications
- PDI 16: Gastroenteritis
- PDI 18: Urinary tract infection
Comments: This measure is based on the four AHRQ PDIs for asthma, diabetes, gastroenteritis, and urinary tract infection. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_15, 150403051

Measure Title: Potentially avoidable hospitalizations for acute conditions per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, median household income of the patient's ZIP Code, urbanized location, and region of the United States
**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population age 18 and over

**Numerator:** Adults with hospitalizations who qualified for any of the following PQI acute care measures:

- PQI 10: Dehydration
- PQI 11: Bacterial pneumonia
- PQI 12: Urinary tract infections

**Comments:** This measure is based on the three AHRQ PQIs for dehydration, bacterial pneumonia, and urinary tract infection. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** HCUP_64, 150403061

**Measure Title:** Potentially avoidable hospitalizations for acute conditions per 100,000 population, age 6-17
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident population of children ages 6 to 17 years

**Numerator:** Hospitalizations of children who qualified to be in the numerator for any of the following PDI measures:

- PDI 16: Gastroenteritis
- PDI 18: Urinary tract infection

**Comments:** This measure is based on the two AHRQ PDIs for gastroenteritis and urinary tract infection. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-
term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_16, 150403081

Measure Title: Potentially avoidable hospitalizations for chronic conditions per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, geographic location (residence), income, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population age 18 and over

Numerator: Adults with hospitalizations who qualified for any of the following PQI chronic condition measures:

- PQI 1: Diabetes, short-term complications
- PQI 3: Diabetes, long-term complications
- PQI 5: Chronic obstructive pulmonary disease or asthma
- PQI 7: Hypertension
- PQI 8: Heart failure
- PQI 14: Uncontrolled diabetes
- PQI 15: Asthma in younger adults
- PQI 16: Lower extremity amputations among patients with diabetes

Comments: This measure is based on the eight AHRQ PQIs for asthma, chronic obstructive pulmonary disease, diabetes, heart failure, and hypertension. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition.
Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_65, 150403101

Measure Title: Potentially avoidable hospitalizations for chronic conditions per 100,000 population, age 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, race/ethnicity, expected primary payer, median household income of the patient’s ZIP Code, urbanized location, region of the United States, bed size of hospital, teaching status of hospital
Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population of children ages 6 to 17 years

Numerator: Hospitalizations of children who qualified to be in the numerator for any of the following PDI measures:

- PDI 14: Asthma
- PDI 15: Diabetes, short-term complications

Comments: This measure is based on the 2 AHRQ PDIs for asthma and diabetes. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

15.3.4 Potentially Harmful Services Without Benefit

MEASURE ID: IHS_2, 150404012

Measure Title: Hospital Admissions for perforated appendices within admissions for appendicitis, per 1,000 population age 18 and older
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets (CDOM), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2003-2018

Population Subgroups: Age, sex

**Data Sources:** Indian Health Service, Office of Information Technology/National Patient Information Reporting System, National Data Warehouse, Workload and Population Data Mart.

**Denominator:** Inpatient Discharges containing a diagnosis code for appendicitis

**Numerator:** Subset of the denominator for inpatient discharges containing a diagnosis code for perforation or abscess of appendix

**Comments:** Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities.

**MEASURE ID:** IHS_4, 150404021

**Measure Title:** Hospital admissions for urinary tract infections per 100,000 population age 18 and older

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets (CDOM), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2003-2018

Population Subgroups: Age, sex

**Data Sources:** Indian Health Service, Office of Information Technology/National Patient Information Reporting System, National Data Warehouse, Workload and Population Data Mart.

**Denominator:** Area Health Resource File, 2000 Bridged Race Census AI/AN population, age 18 years and over, extrapolated and smoothed to current year
**Numerator:** Discharges with principal diagnosis of urinary tract infection, without mention of kidney or urinary tract disorder, or immune compromised

**Comments:** Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities.

15.3.5 Electronic Health Records in Hospitals or in Physician Practices

**MEASURE ID:** AHA_1, 150405061

**Measure Title:** Hospitals with fully implemented electronic medical record system

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2014 - 2018

National, 2014 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic documentation of patient demographics, physician notes, nursing notes, problem lists, medication lists, discharges summaries, and advanced directives?”

**Numerator:** Subset of the denominator that responded positively to all components of the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID:** AHA_2, 150405028

**Measure Title:** Hospitals with computerized system that supports electronic clinical documentation
Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2012 - 2018

National, 2012 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for medication management for comparing a patient’s inpatient and preadmission medication lists, providing an updated medication lists at the time of discharge, checking the inpatient prescriptions against an internal formulary, tracking automatically medications with an electronic medication administration, and prescribing electronically discharge medication orders?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_4, 150405022

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including physician notes

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2012 - 2018

National, 2012 - 2018
Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including physician notes?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID:** AHA_5, 150405023

**Measure Title:** Hospitals with computerized system that supports electronic clinical documentation including nursing notes

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

- Geographic Representation: National, State
- Years Available: State, 2012 - 2018
- National, 2012 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including nursing notes?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.
**MEASURE ID: AHA_6, 150405024**

**Measure Title:** Hospitals with computerized system that supports electronic clinical documentation including problem lists

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2012 - 2018

National, 2012 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including problem lists?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID: AHA_7, 150405025**

**Measure Title:** Hospitals with computerized system that supports electronic clinical documentation including medication lists

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2012 - 2018

National, 2012 - 2018
Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including medication lists?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID:** AHA_8, 150405026

**Measure Title:** Hospitals with computerized system that supports electronic clinical documentation including discharge summaries

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2012 - 2018

National, 2012 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including discharge summaries?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.
MEASURE ID: AHA_9, 150405027

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including advanced directives

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2012 - 2018

National, 2012 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including advanced directives (e.g., DNR)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_10, 150405056

Measure Title: Hospitals with computerized system that allows for results viewing

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.
Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including radiology images, diagnostic test results (e.g., EKG report, Echo report), diagnostic test images (e.g., EKG tracing), consultant reports, laboratory tests, and radiology tests?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_11, 150405031

Measure Title: Hospitals with computerized system that allows for results viewing including laboratory reports

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing of laboratory reports?”

Numerator: Subset of the denominator that responded positively to the question
Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_12, 150405032

Measure Title: Hospitals with computerized system that allows for results viewing including radiology reports

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including radiology reports?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_13, 150405033

Measure Title: Hospitals with computerized system that allows for results viewing including radiology images

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State
Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including radiology images?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_14, 150405034

Measure Title: Hospitals with computerized system that allows for results viewing including diagnostic test results

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including diagnostic test results (e.g., EKG report, Echo report)?”

Numerator: Subset of the denominator that responded positively to the question
Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_15, 150405035

Measure Title: Hospitals with computerized system that allows for results viewing including diagnostic test images

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including diagnostic test images (e.g., EKG tracing)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_16, 150405036

Measure Title: Hospitals with computerized system that allows for results viewing including consultant reports

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State
Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including consultant reports?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_17, 150405055

Measure Title: Hospitals with computerized system that allows for computerized provider order entry

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry [Provider (e.g., MD, APN, NP) directly enters own orders that are transmitted electronically] for laboratory tests, radiology tests, medications, consultation requests, and nursing orders?”
**Numerator:** Subset of the denominator that responded positively to all components of the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID:** AHA_18, 150405051

**Measure Title:** Hospitals with computerized system that allows for computerized provider order entry including laboratory tests

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**
- Geographic Representation: National, State
- Years Available: State, 2013 - 2018
  National, 2013 - 2018
- Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of laboratory tests?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID:** AHA_19, 150405052

**Measure Title:** Hospitals with computerized system that allows for computerized provider order entry including radiology tests

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement
Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of radiology tests?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_20, 150405057

Measure Title: Hospitals with computerized system that allows for computerized provider order entry including medications

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement
**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of medications?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID: AHA_21, 150405053**

**Measure Title:** Hospitals with computerized system that allows for computerized provider order entry including consultation requests

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows computerized provider order entry of consultation requests?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID: AHA_22, 150405054**

**Measure Title:** Hospitals with computerized system that allows for computerized provider order entry including nursing orders
**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of nursing orders?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID:** AHA_23, 150405047

**Measure Title:** Hospitals with computerized system that allows for decision support

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement
**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for clinical guidelines (e.g., Beta blockers post-MI, ASA in CAD), clinical reminders (e.g., Pneumococcal vaccine), drug allergy alerts, drug-drug interaction alerts, drug-lab interaction alerts, and drug dosing support (e.g., renal dose guidance)?”

**Numerator:** Subset of the denominator that responded positively to all components of the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID: AHA_24, 150405041**

**Measure Title:** Hospitals with computerized system that allows for decision support including clinical guidelines

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for clinical guidelines (e.g., Beta blockers post-MI, ASA in CAD)?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.
**MEASURE ID: AHA_25, 150405042**

**Measure Title:** Hospitals with computerized system that allows for decision support including clinical reminders

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**
Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for clinical reminders (e.g., Pneumococcal vaccine)?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID: AHA_26, 150405043**

**Measure Title:** Hospitals with computerized system that allows for decision support including drug allergy alerts

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**
Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018
Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for drug allergy alerts?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID: AHA_27, 150405044**

**Measure Title:** Hospitals with computerized system that allows for decision support including drug-drug interaction alerts

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for drug-drug interaction alerts?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.
MEASURE ID: AHA_28, 150405045

Measure Title: Hospitals with computerized system that allows for decision support including drug-lab interaction alerts

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for drug-lab interaction alerts?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_29, 150405046

Measure Title: Hospitals with computerized system that allows for decision support including drug dosing support

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2013 - 2018

National, 2013 - 2018
Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows decision support for drug dosing support (e.g., renal dose guidance)?”

**Numerator:** Subset of the denominator that responded positively to the question

**Comments:** The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**MEASURE ID:** AHA_33, 150405011

**Measure Title:** Hospitals with computerized system that supports medication lists

**Measure Source:** American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

**Table Descriptions:**

Geographic Representation: National, State

Years Available: State, 2012 - 2018

National, 2012 - 2018

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

**Data Sources:** AHA Survey, IT Supplement

**Denominator:** Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for medication management for comparing a patient’s inpatient and preadmission medication lists, providing an updated medication lists at the time of discharge, checking the inpatient prescriptions against an internal formulary, tracking automatically medications with an electronic medication administration, and prescribing electronically discharge medication orders?”

**Numerator:** Subset of the denominator that responded positively to all components of the question
Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_35, 150405014

Measure Title: Hospitals with computerized system that supports pharmaceutical bar coding

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State

Years Available: State, 2012 - 2016

National, 2012 - 2016

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for bar coding or radio frequency identification for closed-loop medication tracking for medication administration and pharmacy verification?”

Numerator: Subset of the denominator that responded positively to both parts of the question

Comments: The 2012 AHA IT Supplement was sent to 6,241 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 51.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: AHA_37, 150405012

Measure Title: Hospitals with computerized system that supports drug decision

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic Representation: National, State
Years Available: State, 2012 - 2016

National, 2012 - 2016

Population Subgroups: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which supports drug decisions including drug allergy alerts, drug-drug interaction alerts, drug-lab interaction alerts, and drug dosing support (e.g., renal dose guidance)?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2018 AHA IT Supplement was sent to 6,146 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 56.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

MEASURE ID: 150405071

Measure Title: Office-based physicians with a computerized system ordering prescriptions electronically to the pharmacy.

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Table Descriptions:

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.
**Numerator:** Subset of physicians in the denominator with a computerized system ordering prescriptions electronically to the pharmacy.

**MEASURE ID: 150405072**

**Measure Title:** Office-based physicians with a computerized system for sending prescriptions electronically to the pharmacy.

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Denominator:** Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

**Numerator:** Subset of physicians in the denominator with a computerized system for sending prescriptions electronically to the pharmacy.

**MEASURE ID: 150405073**

**Measure Title:** Office-based physicians with a computerized system for providing warnings of drug interactions or contraindications.

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)
Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for providing warnings of drug interactions or contraindications.

MEASURE ID: 150405074

Measure Title: Office-based physicians with a computerized system for providing reminders.

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Table Descriptions:

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for providing reminders.

MEASURE ID: 150405075

Measure Title: Office-based physicians with a computerized system for providing clinical decision support.

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).
Table Descriptions:

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for providing clinical decision support. Computerized systems with clinical support are those that have the capability to both provide reminders and provide warnings of drug interactions or contraindications. The survey does not have a separate variable measuring availability of clinical decision support; availability of two other capabilities (warning system and reminder system) are combined to create this measure.

MEASURE ID: 150405076

Measure Title: Office-based physicians with a computerized system for recording patient demographic information.

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Table Descriptions:

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.
**Numerator:** Subset of physicians in the denominator with a computerized system for recording patient demographic information.

**MEASURE ID: 150405077**

**Measure Title:** Office-based physicians with a computerized system for providing clinical notes.

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Denominator:** Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

**Numerator:** Subset of physicians in the denominator with a computerized system for providing clinical notes.

**MEASURE ID: 150405078**

**Measure Title:** Office-based physicians who have an electronic medical records system (not including billing).

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)
**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Denominator:** Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

**Numerator:** Subset of physicians in the denominator who have an electronic medical records system (not including billing).

**MEASURE ID: 150405081**

**Measure Title:** Office-based physicians who have a computerized system for discharge summaries

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Table Descriptions:**

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

**Denominator:** Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

**Numerator:** Subset of physicians in the denominator with a computerized system for discharge summaries.

**MEASURE ID: 150405083**

**Measure Title:** Office-based physicians who have a computerized system for receiving follow-up information from other providers

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).
Table Descriptions:

Geographic Representation: National

Years Available: 2012 - 2013

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for receiving follow-up information from other providers.

MEASURE ID: 150405084

Measure Title: Office-based physicians who have a computerized system for hospital discharge summary

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Table Descriptions:

Geographic Representation: National

Years Available: 2012 - 2017

Population Subgroups: age of physician, practice size, specialty, ownership, no-Hispanic White population, region, and geographic location (practice)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS).

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of denominator with a computerized system for hospital discharge summary
15.4 Effectiveness of Care

15.4.1 Hospitalizations for Diabetes

**MEASURE ID: IHS_1, 150502022**

**Measure Title:** Hospital admissions for uncontrolled diabetes, per 100,000 population age 18 and over, WPDM-IHS data

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets (CDOM), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2000-2018

Population Subgroups: Age, sex

**Data Sources:** Indian Health Service, Office of Information Technology/National Patient Information Reporting System, National Data Warehouse, Workload and Population Data Mart.

**Denominator:** Area Health Resource File, 2000 Bridged Race Census AI/AN population, age 18 years and over, extrapolated and smoothed to current year.

**Numerator:** Discharges with a principal diagnosis of uncontrolled diabetes and without mention of short-term or long-term complications

**Comments:** Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities

**MEASURE ID: 150502023**

**Measure Title:** Hospital admissions for short-term complications of diabetes per 100,000 population age 18 and over, WPDM-IHS data

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets (CDOM), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2000-2018
Population Subgroups: Age, sex

**Data Sources:** Indian Health Service, Office of Information Technology/National Patient Information Reporting System, National Data Warehouse, Workload and Population Data Mart.

**Denominator:** Area Health Resource File, 2000 Bridged Race Census AI/AN population, age 18 years and over, extrapolated and smoothed to current year.

**Numerator:** Discharges with principal diagnosis of short-term complications of diabetes.

**Comments:** Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities.

**MEASURE ID: 150502031**

**Measure Title:** Hospital admissions for short-term complications of diabetes per 100,000 population diagnosed with diabetes, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident diabetic population, age 18 and over, estimated based on diabetes prevalence from the CDC National Diabetes Surveillance System

**Numerator:** Adult discharges age 18 and over with a principal diagnosis of diabetes with short-term complications.

**Comments:** Consistent with the AHRQ PQI software, diabetes must be the principal diagnosis and short-term complications include ketoacidosis, hyperosmolarity, and coma. Transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150502041**

**Measure Title:** Hospital admissions for long-term complications of diabetes per 100,000 population diagnosed with diabetes, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident diabetic population, age 18 and over, estimated based on diabetes prevalence from the CDC National Diabetes Surveillance System
**Numerator:** Hospitalization of adults age 18 and over with hospital inpatient discharges with a principal diagnosis code for diabetes with long-term complications.

**Comments:** Consistent with the AHRQ PQI software, diabetes must be the principal diagnosis and long-term complications include renal, eye, neurologic, circulatory, and other unspecified complications. Transfers from other institutions and obstetric admissions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150502051**

**Measure Title:** Hospital admissions for lower-extremity amputations per 100,000 population diagnosed with diabetes, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National
Years Available: 2016 to 2017

Population Subgroups: Age

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident diabetic population, age 18 and over, estimated based on diabetes prevalence from the CDC National Diabetes Surveillance System

**Numerator:** Hospitalizations of adults with a procedure for lower-extremity amputation and a diagnosis of diabetes.

**Comments:** The AHRQ PQI software requires that a procedure code for lower-extremity amputation and a diagnosis of diabetes must be present. Exclusions include admissions for toe amputation or traumatic amputations of the lower extremity, obstetric discharges, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data ([https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp](https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).
MEASURE ID: 150502061

Measure Title: Hospital admissions for uncontrolled diabetes without complications per 100,000 population diagnosed with diabetes, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident diabetic population, age 18 and over, estimated based on diabetes prevalence from the CDC National Diabetes Surveillance System

Numerator: Hospital admissions of adults age 18 and over with discharges with a principal diagnosis of uncontrolled diabetes and without mention of short-term or long-term complications

Comments: Short-term complications include ketoacidosis, hyperosmolarity, and coma. Long-term complications include renal, eye, neurologic, circulatory, and other unspecified. Obstetric admissions and transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission...
(POA); (2) the SID included information on day of principal and secondary procedure days; and
(3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that
failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to
the universe of community hospitals in the United States, excluding rehabilitation and long-
term acute care facilities. In data year 2017, the nationally weighted analysis file includes data
from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the
HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data

MEASURE ID: 150502041

Measure Title: Hospital admissions for long-term complications of diabetes per 100,000
population diagnosed with diabetes, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and
Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national
estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident diabetic population, age 18 and over, estimated based on diabetes
prevalence from the CDC National Diabetes Surveillance System

Numerator: Hospitalization of adults age 18 and over with hospital inpatient discharges with a
principal diagnosis code for diabetes with long-term complications.

Comments: Consistent with the AHRQ PQI software, diabetes must be the principal diagnosis
and long-term complications include renal, eye, neurologic, circulatory, and other unspecified
complications. Transfers from other institutions and obstetric admissions are excluded. Rates
prior to 2016 are not reported because of the transition to the International Classification of
Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are
available in the AHRQ QI version 2019.01 software.
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 150502051

Measure Title: Hospital admissions for lower-extremity amputations per 100,000 population diagnosed with diabetes, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident diabetic population, age 18 and over, estimated based on diabetes prevalence from the CDC National Diabetes Surveillance System
**Numerator:** Hospitalizations of adults with a procedure for lower-extremity amputation and a diagnosis of diabetes.

**Comments:** The AHRQ PQI software requires that a procedure code for lower-extremity amputation and a diagnosis of diabetes must be present. Exclusions include admissions for toe amputation or traumatic amputations of the lower extremity, obstetric discharges, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Observed (un-adjusted) rates are reported, as risk adjustment was unavailable in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150502061**

**Measure Title:** Hospital admissions for uncontrolled diabetes without complications per 100,000 population diagnosed with diabetes, adults

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National
Years Available: 2016 to 2017

Population Subgroups: Age

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** U.S. resident diabetic population, age 18 and over, estimated based on diabetes prevalence from the CDC National Diabetes Surveillance System

**Numerator:** Hospital admissions of adults age 18 and over with discharges with a principal diagnosis of uncontrolled diabetes and without mention of short-term or long-term complications

**Comments:** Short-term complications include ketoacidosis, hyperosmolarity, and coma. Long-term complications include renal, eye, neurologic, circulatory, and other unspecified. Obstetric admissions and transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data ([https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp](https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).
15.4.2 HIV/AIDS

MEASURE ID: HRSA_2, 150503018

Measure Title: Ryan-White HIV/AIDS Program HIV patients with at least 2 medical care visit dates at least 90 days apart during the year

Measure Source: Health Resources and Services Administration (HRSA), HIV/AIDS Bureau

Table Descriptions:

Geographic Representation: National, State

Years Available: National: 2010 - 2017

State: 2010 - 2017

Population Subgroups: Age, income, insurance, sex, and race/ethnicity

Data Sources: Health Resources and Services Administration (HRSA), HIV/AIDS Bureau

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year. Measurement year is January 1 - December 31

Numerator: Number of patients with at least two medical visits 90 days apart during the measurement year with the first visit prior to September 1st

Comments: RWHAP and RSR comment.

MEASURE ID: HRSA_3, 150503019

Measure Title: Ryan White HIV/AIDS Program patients with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Measure Source: Health Resources and Services Administration (HRSA), HIV/AIDS Bureau

Table Descriptions:

Geographic Representation: National, State

Years Available: National: 2010 - 2017

State: 2010 - 2017

Population Subgroups: Age, income, insurance, sex, and race/ethnicity

Data Sources: Health Resources and Services Administration (HRSA), HIV/AIDS Bureau
Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Comments: RWHAP and RSR comment

15.4.3 Mental Health & Substance Abuse

MEASURE ID: NSDUH_6, 150504021

Measure Title: Adults who received mental health treatment or counseling in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:
Geographic Representation: National, State
Years Available: National: 2002 - 2018
State: 2011 - 2018
Population Subgroups: Age, education, income, location (residence), race/ethnicity, sex

Data Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Denominator: US civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who reported receipt of mental health treatment or counseling in the past year

MEASURE ID: NSDUH_7, 150504031

Measure Title: Adults who received outpatient mental health treatment or counseling in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

Table Descriptions:
Geographic Representation: National, State
Years Available: National: 2002 - 2018
State: 2011 - 2018

Population Subgroups: Age, education, income, location (residence), race/ethnicity, sex

**Data Sources:** SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

**Denominator:** U.S. civilian noninstitutionalized population age 18 and over

**Numerator:** Subset of the denominator who reported receipt of outpatient mental health treatment or counseling in the past year

**MEASURE ID: NSDUH_8, 150504041**

**Measure Title:** Adults who received prescription medications for mental health treatment in the last 12 months

**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

Geographic Representation: National, State

Years Available: National: 2002 - 2018
State: 2011 - 2018

Population Subgroups: Age, education, income, location (residence), race/ethnicity, sex

**Data Sources:** SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

**Denominator:** US civilian noninstitutionalized population age 18 and over

**Numerator:** Subset of the denominator who reported receipt of counseling or prescription medications for treatment of a mental health condition or problem in the past year

**15.4.4 Maternal & Child Health**

**MEASURE ID: NVSS_9, 150506011**

**Measure Title:** Cesarean delivery of low risk births giving birth for first time

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)
Table Descriptions:

Geographic Representation: National

Years Available: National: 2007-2018

Population Subgroups: Age, geographic location (residence), race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: Live births to U.S. residents

Numerator: Children born via cesarean delivery to mothers who were at low risk and gave birth for first time

MEASURE ID: NVSS_9, 150506021

Measure Title: Cesarean delivery of low risk births with prior cesarean births

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic Representation: National


Population Subgroups: Age, geographic location (residence), race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Denominator: Live births to U.S. residents

Numerator: Children born via cesarean delivery to mothers who were low risk and with prior cesarean births

MEASURE ID: NVSS_8, 150506031

Measure Title: Total cesarean births

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)
Geographic Representation: National

Years Available: National: 2009-2018

Population Subgroups: Age, geographic location (residence), race/ethnicity, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Denominator:** Live births to U.S. residents

**Numerator:** Subset of the denominator who were born via cesarean delivery

**MEASURE ID:** NVSS_10, 150506041

**Measure Title:** Total preterm births

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Table Descriptions:**

- Geographic Representation: National

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Denominator:** Live births to U.S. residents

**Numerator:** Subset of the denominator who were preterm

**Comments:** Preterm birth is the birth of an infant prior to 37 weeks of pregnancy.

**MEASURE ID:** NVSS_11, 150506051

**Measure Title:** Late preterm or live births at 34 to 36 weeks of gestation

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Table Descriptions:**

- Geographic Representation: National
Population Subgroups: Age, geographic location (residence), race/ethnicity, sex

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Denominator:** Live births to U.S. residents

**Numerator:** Subset of the denominator who were born at 34 to 36 weeks of gestation

**MEASURE ID:** NVSS_17, 150506061

**Measure Title:** Women who completed a pregnancy in the last 12 months who received prenatal care in the first trimester

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Table Descriptions:**

Geographic Representation: National


**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Denominator:** Live births occurring to residents in those States that use the 2003 revised birth certificate

**Numerator:** Subset of the denominator who received prenatal care in the first trimester

**Comments:** Excluded from these analyses are the following States that did not use the 2003 Revision to Birth Certificate: Alabama, Alaska, Arizona, Arkansas, Connecticut, Hawaii, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, New Jersey, North Carolina, Rhode Island, Virginia, West Virginia, and Wisconsin.

**15.4.5 Others**

**MEASURE ID:** 150507011

**Measure Title:** Patients who received appropriate care for severe sepsis and septic shock

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

**Table Descriptions:**
Geographic Representation: National, State

Years Available: 2016-2017

Population Characteristics: Age, sex, race/ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, Hospital Inpatient Quality Reporting (Hospital IQR) Program

**Denominator:** Inpatients ages 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis, or Septic Shock

**Numerator:** The numerator for this measure is patients from the denominator who had their lactate levels measured, had blood cultures obtained prior to receiving antibiotics, and who received broad spectrum antibiotics within three hours of presentation of severe sepsis, and who had a repeat lactate level drawn within six hours of presentation of severe sepsis if the initial lactate was elevated. If septic shock is present, the patients also must receive 30 ml/kg of crystalloid fluids for hypotension or lactate >= 4 mmol/L within three hours of septic shock presentation. Within six hours of presentation of septic shock vaspressors should be given (for hypotension that does not respond to initial fluid resuscitation or lactate is >= 4 mmol/L) and reassessment of volume status and tissue perfusion performed.

**Comments:** Information and resources regarding this measure can be accessed on QualityNet at [http://www.qualitynet.org/](http://www.qualitynet.org/), by selecting the “Specifications Manual” link under the “Hospital-Inpatient” tab in the left navigation bar, and then the “Fact Sheets” and SEP-1 Fact Sheet.

**15.5 Lifestyle Modification**

**MEASURE ID: NCBD_20, 150602021**

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 months who sometimes or never got advice to quit smoking from provider, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: States

Years Available: 2010-2011, 2014-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD
**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care or Medicare fee-for-service

Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

**Numerator:** Subset of the denominator who sometimes or never got advice to quit smoking from provider

**MEASURE ID:** NCBD_20, 150602022

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 or 12 months who sometimes or never got advice to quit smoking from provider, Medicare managed care

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: States

Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, and education

**Data Sources:** AHRQ, CQIPS, NCBD

**Denominator:** Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

**Numerator:** Subset of the denominator who sometimes or never got advice to quit smoking from provider

**Comments:** Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

**MEASURE ID:** NCBD_20, 150602023

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 6 or 12 months who sometimes or never got advice to quit smoking from provider, Medicare fee-for-service

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), National CAHPS Benchmarking Database (NCBD).

**Table Descriptions:**

Geographic Representation: States
Years Available: 2010-2011, 2013-2018

Population Subgroups: race, ethnicity, and education

Data Sources: AHRQ, CQIPS, NCBD

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator who sometimes or never got advice to quit smoking from provider

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

15.6 Affordable Care

15.6.1 Financial Burden of Health Care Cost

MEASURE ID: HCUP_19, 150701041

Measure Title: Distribution of levels I and II trauma centers utilization per 100 emergency department visits related to all injuries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, geographic location (residence), income, region, sex

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: Emergency department visits related to all injuries

Numerator: Subset of the denominator who utilized level I and II trauma centers

Comments: Trauma centers treat both adults and children. Designation of trauma center levels I, II, and III is based on criteria developed by the American College of Surgeons' Committee on Trauma (ACS/COT). Injury records were identified with a principal diagnosis related to injury defined using ICD-10-CM diagnosis codes S00-S99; T07-T34; T36-T50 with a 6th character of 1,2,
3, or 4 (except T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 with a 5th character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: HCUP_20, 150701042**

**Measure Title:** Distribution of level III trauma center utilizations per 100 emergency department visits related to all injuries

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, geographic location (residence), income, region, sex

**Data Sources:** AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

**Denominator:** Emergency department visits related to all injuries

**Numerator:** Subset of the denominator who utilized trauma level III centers

**Comments:** Trauma centers treat both adults and children. Designation of trauma center levels I, II, and III is based on criteria developed by the American College of Surgeons' Committee on Trauma (ACS/COT). Injury records were identified with a principal diagnosis related to injury defined using ICD-10-CM diagnosis codes S00-S99; T07-T34; T36-T50 with a 6th character of 1, 2, 3, or 4 (except T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 with a 5th character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5.
The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: HCUP_21, 150701043

Measure Title: Distribution of non-trauma centers utilizations per 100 emergency department visits related to all injuries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic Representation: National

Years Available: 2016-2017

Population Subgroups: Age, geographic location (residence), income, region, sex

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: Emergency department visits related to all injuries

Numerator: Subset of the denominator who utilized non-trauma centers

Comments: Trauma centers treat both adults and children. Designation of trauma center levels I, II, and III is based on criteria developed by the American College of Surgeons' Committee on Trauma (ACS/COT). Injury records were identified with a principal diagnosis related to injury defined using ICD-10-CM diagnosis codes S00-S99; T07-T34; T36-T50 with a 6th character of 1, 2, 3, or 4 (except T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 with a 5th character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that
provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

15.6.2 Cost of Hospitalization

MEASURE ID: 150703021

Measure Title: Cost for hospitalizations for urinary tract infection (UTI), adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for urinary tract infection, adults age 18 and over.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.
For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 150703031

Measure Title: Cost for hospitalizations for urinary tract infection (UTI), children ages 3 months to 17 years

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for urinary tract infection, children ages 3 months to 17 years.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID
encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703041**

**Measure Title:** Cost for hospitalizations for pediatric gastroenteritis, children ages 3 months to 17 years

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for pediatric gastroenteritis, children ages 3 months to 17 years.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information...
about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703051**

**Measure Title:** Cost for hospitalizations for hypertension, adults age 18 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for hypertension, adults age 18 and over.

**Numerator:** Not applicable.
Comments Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 150703071

Measure Title: Cost for hospitalizations for chronic obstructive pulmonary disease (COPD), adults age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01
**Denominator**: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for chronic obstructive pulmonary disease (COPD), adults age 40 and over.

**Numerator**: Not applicable.

**Comments**: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703081**

**Measure Title**: Cost for hospitalizations for bacterial pneumonia, adults age 18 and over

**Measure Source**: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions**: Geographic Representation: National
Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for bacterial pneumonia, adults age 18 and over.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID:** 150703091

**Measure Title:** Cost for potentially avoidable hospital admissions for all conditions, adults age 18 and over
**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for all conditions, adults age 18 and over.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.
MEASURE ID: 150703111

Measure Title: Cost for potentially avoidable hospital admissions for all conditions, children ages 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for all conditions, children ages 6-17.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission.
(POA); (2) the SID included information on day of principal and secondary procedure days; and
(3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that
failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to
the universe of community hospitals in the United States, excluding rehabilitation and long-
term acute care facilities. In data year 2017, the nationally weighted analysis file includes data
from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the
HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data

**MEASURE ID: 150703121**

**Measure Title:** Cost for potentially avoidable hospital admissions for acute conditions, adults
age 18 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and
Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national
estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and
average cost per discharge for potentially avoidable hospital admissions for acute conditions,
adults age 18 and over.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International
Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total
hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital
accounting reports from the Centers for Medicare and Medicaid Services. For more information
about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-
us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from
HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID
encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core
set of clinical and nonclinical information on all patients, regardless of payer, including people
covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703131**

**Measure Title:** Cost for potentially avoidable hospital admissions for acute conditions, children ages 6-17

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for acute conditions, children ages 6-17.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information
about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703141**

**Measure Title:** Cost for potentially avoidable hospital admissions for chronic conditions, adults age 18 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for chronic conditions, adults age 18 and over.
**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703161**

**Measure Title:** Cost for potentially avoidable hospital admissions for chronic conditions, children ages 6-17

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017
Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for chronic conditions, children ages 6-17.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 150703181

Measure Title: Cost for hospitalizations for heart failure (HF), adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)
Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for heart failure (HF), adults age 18 and over.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).
MEASURE ID: 150703191

Measure Title: Cost for hospitalizations for uncontrolled diabetes without complications, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for uncontrolled diabetes without complications, adults age 18 and over.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-
term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 150703201

Measure Title: Cost for hospitalizations for short-term complications of diabetes, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for short-term complications of diabetes, adults age 18 and over.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10
percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703211**

**Measure Title:** Cost for hospitalizations for short-term complications of diabetes, children ages 6-17

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for short-term complications of diabetes, children ages 6-17.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people...
covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703221**

**Measure Title:** Cost for hospitalizations for diabetes with long-term complications, adults age 18 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for diabetes with long-term complications, adults age 18 and over.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information
about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: 150703231

Measure Title: Cost for hospitalizations for lower-extremity amputation among patients with diabetes, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for lower-extremity amputation among patients with diabetes, adults age 18 and over.
**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703241**

**Measure Title:** Cost for hospitalizations for asthma, adults ages 18-39

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2016 to 2017
**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for asthma, adults ages 18-39.

**Numerator:** Not applicable.

**Comments:** Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

**MEASURE ID: 150703251**

**Measure Title:** Cost for hospitalizations for asthma, children ages 2-17

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)
Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for asthma, children ages 2-17.

Numerator: Not applicable.

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).
MEASURE ID: NEW

Measure Title: Potentially avoidable hospitalizations for diabetes per 100,000 population, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, geographic location (residence), income, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population, age 18 and over

Numerator: Number of hospitalizations who qualified for any individual PQI numerator related to diabetes (PQI 1, PQI 3, PQI 14, and PQI 16) (see Comments)

Comments: This measure is based on the four AHRQ PQIs for diabetes short-term complications, diabetes long-term complications, uncontrolled diabetes admissions, and lower-extremity amputation among patients with diabetes. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI version 2019.01 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient’s race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that
failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

MEASURE ID: NEW

Measure Title: Cost for potentially avoidable hospitalizations for diabetes per 100,000 population, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic Representation: National

Years Available: 2016 to 2017

Population Subgroups: Age, sex, geographic location (residence), income, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, version 2019.01

Denominator: U.S. resident population, age 18 and over

Numerator: Number of hospitalizations who qualified for any individual PQI numerator related to diabetes (PQI 1, PQI 3, PQI 14, and PQI 16) (see Comments)

Comments: This measure is based on the four AHRQ PQIs for diabetes short-term complications, diabetes long-term complications, uncontrolled diabetes admissions, and lower-extremity amputation among patients with diabetes.

Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US website (https://hcup-us.ahrq.gov/db/state/costtocharge.jsp).
The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

For generating national QI estimates beginning in data year 2016, SID meeting the following inclusion criteria were combined to create a nationally weighted analysis file: (1) less than 10 percent of discharges failed edit checks on indicators of diagnoses being present on admission (POA); (2) the SID included information on day of principal and secondary procedure days; and (3) the SID included good reporting of race/ethnicity data. After hospitals and discharges that failed POA and race/ethnicity edits were excluded, the remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and long-term acute care facilities. In data year 2017, the nationally weighted analysis file includes data from 36 SID and over 34 million discharges.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)

## Chapter 16. Special Analysis

**MEASURE ID: 160101011**

**Measure Title:** Breast cancer deaths per 100,000 female population per year by metropolitan status

**Measure Source:** Healthy People 2020

**Table Descriptions:**

- Geographic Representation: National
- Population Subgroups: Region by metropolitan status

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)-Mortality

**Denominator:** U.S. female resident population

**Numerator:** Number of female deaths per year due to breast cancer
**Comments:** This measure is referred to as measure C-3 in Healthy People 2020 documentation. Respondents for whom age is not reported are excluded from numerators.

**MEASURE ID: 160101021**

**Measure Title:** Colorectal cancer deaths per 100,000 population per year by metropolitan status

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National

Years Available: 1999-2015

Population Subgroups: Region by metropolitan status

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Denominator:** U.S. resident population

**Numerator:** Number of deaths per year due to colorectal cancer

**Comments:** This measure is referred to as measure C-5 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

**MEASURE ID: 160101031**

**Measure Title:** Lung cancer deaths per 100,000 population per year by metropolitan status

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National

Years Available: 1999-2015

Population Subgroups: Region by metropolitan status

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality
**Measures**

**Denominator:** U.S. resident population

**Numerator:** Number of deaths per year due to lung cancer

**Comments:** This measure is referred to as measure C-2 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

**MEASURE ID: 160101041**

**Measure Title:** HIV infection deaths per 100,000 population per year by metropolitan status

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National

Years Available: 1999-2015

Population Subgroups: Region by metropolitan status

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Denominator:** U.S. resident population

**Numerator:** Number of deaths due to HIV infection

**Comments:** Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators. This measure is referred to as measure HIV-12 in Healthy People 2020 documentation.

**MEASURE ID: 160101051**

**Measure Title:** Suicide deaths per 100,000 population age 12 and over per year by metropolitan status

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National

Years Available: 1999-2015
Population Subgroups: Region by metropolitan status

**Data Sources:** National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Denominator:** U.S. resident population age 12 and over

**Numerator:** Subset of the denominator who died from suicide

**Comments:** Suicides may be undercounted because of difficulty in the determination of suicidal intent by the coroner or medical examiner. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators. This measure is referred to as measure MHMD-1 in Healthy People 2020 documentation.

### Chapter 17. Retired Measures

**MEASURE ID: 300206011**

**Measure Title:** Children who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as wanted

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who had an illness or injury that needed care right away in the past 12 months with a valid response to the question, "In the last 12 months, when [the person] needed care right away for an illness or injury, how often did [person] get care as soon as you wanted?"

**Numerator:** Subset of the denominator whose parents or guardians answered the above question "sometimes" or "never"

**Comments:** Nonrespondents and respondents indicating "Don't Know" were excluded.
**MEASURE ID: 300206021**

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they or their parents had to say, and spent enough time with them

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months, excluding those with missing or invalid responses to all of the questions that make up this composite measure

**Numerator:** Subset of the denominator whose parents or guardians responded "sometimes" or "never" to any of the four questions making up this composite measure

**Comments:** Estimates are weighted and adjusted for nonresponse based on the number of questions (out of four) with a valid response.

Before 2017, NHQDR used "Sometimes or never" estimates.

**MEASURE ID: 300206031**

**Measure Title:** Children who had a doctor's office or clinic visit whose health providers sometimes or never listened carefully

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017
Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did doctors or other health providers listen carefully to you?" Nonrespondents and respondents indicating "Don't Know" were excluded

Numerator: Subset of the denominator who, according to their parents or guardians, responded "sometimes" or "never" to the above question

Comments: Nonrespondents and respondents indicating "Don't Know" were excluded.

Before 2017, NHQDR used "Sometimes or never" estimates.

MEASURE ID: 300206041

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never explained things in a way they or their parents could understand

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who had a doctor’s office or clinic visit in the last 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did [the person's] doctors or other health providers explain things in a way you could understand?"
**Numerator**: Subset of the denominator whose parent or guardian responded "sometimes" or "never" to the above question

**Comments**: Nonrespondents and respondents indicating "Don't Know" were excluded.

Before 2017, NHQDR used "Sometimes or never" estimates.

**MEASURE ID: 300206051**

**Measure Title**: Children who had a doctor's office or clinic visit whose health providers sometimes or never showed respect for what they or their parents had to say

**Measure Source**: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions**:

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources**: AHRQ, CFACT, MEPS

**Denominator**: Children under age 18 who had a doctor's office or clinic visit in the last 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers show respect for what you had to say?"

**Numerator**: Subset of the denominator whose parent or guardian responded "sometimes" or "never" to the above question

**Comments**: Nonrespondents and respondents indicating "Don't Know" were excluded.

**MEASURE ID: 300206061**

**Measure Title**: Children who had a doctor's office or clinic visit whose health providers sometimes or never spent enough time with them

**Measure Source**: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)
**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who visited a doctor’s office or clinic to get health care in the past 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers spend enough time with you?"

**Numerator:** Subset of the denominator who responded "sometimes" or "never" to the above question

**Comments:** Nonrespondents and respondents indicating "Don't Know" were excluded.

Before 2017, NHQDR used "Sometimes or never" estimates.

**MEASURE ID: MEPS_31, 300206071**

**Measure Title:** Rating of health care 0-6 on a scale from 0 to 10 (best grade) for children who had a doctor’s office or clinic visit in the last 12 months

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2002 to 2017

Population Subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

**Data Sources:** AHRQ, CFACT, MEPS

**Denominator:** U.S. civilian noninstitutionalized children under age 18 who had a doctor’s office or clinic visit in the last 12 months and whose parents or guardians provided a valid response to the question, "We want to know your rating of all your health care in the last 12 months from
all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your health care?"

**Numerator:** Subset of the denominator whose parents or guardians rated their health care as less than 7 on a scale from 0 to 10

**Comments:** Nonrespondents and "Don't Know" responses were excluded.

**MEASURE ID:** HCAHPS_1, 300401041

**Measure Title:** Adult hospital patients who sometimes or never had good communication with doctors in the hospital

**Measure Source:** Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2009-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

**Data Sources:** CMS, HCAHPS

**Denominator:** Adult hospital patients

**Numerator:** Subset of the denominator who reported that they sometimes or never had good communication with doctors in the hospital

**MEASURE ID:** HCAHPS_2, 300401051

**Measure Title:** Adult hospital patients who sometimes or never had good communication with nurses in the hospital

**Measure Source:** Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2009-2017

Population Subgroups: Age, ethnicity, race, education, language spoken at home
Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who reported that they sometimes or never had good communication with nurses in the hospital

MEASURE ID: HCAHPS_6, 300401061

Measure Title: Adult hospital patients who strongly disagree or disagree that they understood how to manage their health after discharge

Measure Source: Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2014-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who strongly disagree or disagree that they understood how to manage their health after discharge

MEASURE ID: HCAHPS_7, 300401071

Measure Title: Adult hospital patients who strongly disagree or disagree that they understood the purpose for taking each of their medications after discharge

Measure Source: Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems

Table Descriptions:

Geographic Representation: National, State

Years Available: 2014-2018

Population Subgroups: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS
**Denominator:** Adult hospital patients

**Numerator:** Subset of the denominator who strongly disagree or disagree that they understood the purpose for taking each of their medications after discharge

**MEASURE ID: 300711011**

**Measure Title:** Live-born infants with very low birth weight (less than 1,500 g)

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2007-2018

Population Subgroups: Age, sex, location, race, ethnicity

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Natality

**Denominator:** Population of live-born infants

**Numerator:** Live-born infants whose birth weight was under 1,500 grams

**Comments:** Excluded from these analyses are States that did not use the 2003 Revision to Birth Certificate: Alabama, Alaska, Arizona, Arkansas, Connecticut, District of Columbia, Hawaii, Illinois, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nevada, New Jersey, North Carolina, Oklahoma, Rhode Island, Utah, Virginia, West Virginia, and Wisconsin.

**MEASURE ID: 300711021**

**Measure Title:** Live births at 32 to 33 weeks of gestation

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

**Table Descriptions:**

Geographic Representation: National

Years Available: National: 2007-2018

Population Subgroups: Age, geographic location (residence), race/ethnicity, sex
Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Natality

Denominator: Live births to U.S. residents

Numerator: Subset of the denominator who were born at 32 to 33 weeks of gestation

MEASURE ID: 300711031

Measure Title: Very preterm or live births at less than 32 weeks of gestation

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2007-2018

Population Subgroups: Age, geographic location (residence), race/ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Natality

Denominator: Live births to U.S. residents

Numerator: Subset of the denominator who were born at less than 32 weeks of gestation

MEASURE ID: MEPS_44, 300811011

Measure Title: People under age 65 with private insurance whose family's health insurance premiums and out-of-pocket medical expenditures were more than 10% of total family income

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic Representation: National

Years Available: 2006 to 2017

Population Subgroups: Disability status, age, education, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, race, residence location, U.S. born

Data Sources: AHRQ, CFACT, MEPS
**Denominator:** U.S. civilian noninstitutionalized population under age 65 who had private insurance, including employer-sponsored and nongroup coverage

**Numerator:** Subset of the denominator whose family's out-of-pocket medical expenditures were more than 10% of total family income

**Comments:** Total family income was determined as the sum of person-level pretax total income, refund income, and sale income. "Family" is defined in terms of health insurance eligibility units (HIEUs), which are composed of individuals who could be covered as a family under most private health insurance plans. For income, insurance, expenditures, and premiums, a family is defined in terms of HIEUs. Private health insurance includes:

- Private, employer sponsored: people who had at least 1 month of employer-sponsored insurance and zero months uninsured during the year.
- Private, nongroup: people who had least 1 month of nongroup private insurance and zero months uninsured during the year.

This measure was retired since the 2016 NHQDR.

**MEASURE ID: 301581041**

**Measure Title:** Adults who received inpatient mental health treatment or counseling in the last 12 months

**Measure Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2002-2018

Population Subgroups: Age, education, income, location (residence), race/ethnicity, sex

**Data Sources:** SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

**Denominator:** U.S. civilian noninstitutionalized population age 18 and over

**Numerator:** Subset of the denominator who reported receipt of inpatient mental health treatment or counseling in the past year

**MEASURE ID: 301581051**

**Measure Title:** People age 12 and over received any treatment for illicit drug use or an alcohol problem in the last 12 months
Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

Table Descriptions:

Geographic Representation: National

Years Available: National: 2010 to 2018

Population Subgroups: Age, education, income, location (residence), race/ethnicity, sex

Data Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Denominator: U.S. civilian noninstitutionalized population age 12 and over who needed treatment for any illicit drug use or alcohol problem

Numerator: Subset of the denominator who received any treatment for illicit drug use or in the last 12 months

Comments: Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year:

1. Dependent on illicit drugs or alcohol;
2. Abuse of illicit drugs or alcohol; or
3. Received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (nonmedical use) (based on data from original questions) not including methamphetamine items added in 2005 and 2006.

Receipt of illicit drug or alcohol treatment at a specialty facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use.

Estimates include people who received treatment specifically for illicit drugs or alcohol, as well as people who received treatment but did not specify for what substances.

Comments: This measure is retired from NHQRDR in 2016. Data prior to 2010 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.