

# 2022 National Healthcare Quality and Disparities Report Measure Specifications

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# Contents

- Introduction ..... 5
- Chapter 2. Access to Care..... 5
  - 2.1 Getting Appointments for Care ..... 5
  - 2.2 Waiting Time ..... 7
  - 2.3 Health Insurance ..... 14
  - 2.4 Usual Source of Care ..... 20
  - 2.5 Patient Perceptions of Need ..... 21
- Chapter 3. Patient Safety ..... 24
  - 3.1 Healthcare-Associated Infections..... 24
  - 3.2 Surgical Care..... 29
  - 3.3 Other Complications of Hospital Care ..... 40
  - 3.4 Complications of Medication ..... 51
  - 3.5 Birth-Related Complications..... 54
  - 3.6 Inappropriate Treatment ..... 67
  - 3.7 Supportive and Palliative Care..... 69
  - 3.8 Home Health Communication ..... 73
- Chapter 4. Person-Centered Care..... 76
  - 4.1 Patient Experience Care ..... 76
  - 4.2 Hospital Communication ..... 84
  - 4.3 Home Health Communication ..... 85
  - 4.4 Hospice Care ..... 89
- Chapter 5. Care Coordination..... 95
  - 5.1 Transitions of Care ..... 95
  - 5.2 Medication Information ..... 97
  - 5.3 Preventable Emergency Department Visits..... 97
  - 5.4 Preventable Hospitalizations..... 133
  - 5.5 Preventable Hospitalizations Among Home Health and Nursing Home Patients ..... 143
  - 5.7 Supportive and Palliative Care..... 145
  - 5.8 Potentially Avoidable Admissions..... 147
- Chapter 6. Effectiveness of Care ..... 154
  - 6.1 Cancer ..... 154
    - 6.1.1 Breast Cancer ..... 154

6.1.2 Cervical Cancer .....	158
6.1.3 Colorectal Cancer .....	160
6.2 Cardiovascular Disease .....	163
6.2.1 Prevention of Heart Disease .....	163
6.2.2 Treatment of Heart Attack .....	163
6.2.3 Treatment of Heart Failure.....	167
6.2.4 Surgery for Heart and Vascular Disease .....	170
6.2.5 Stroke .....	173
6.3 Chronic Kidney Disease .....	174
6.3.1 Chronic Care of End Stage Renal Disease .....	174
6.4 Diabetes .....	178
6.4.1 Management of Diabetes.....	178
6.4.2 Control of Diabetes .....	182
6.4.3 Hospitalization for Diabetes .....	184
6.5 HIV/AIDS .....	186
6.5.1 Management of HIV/AIDS .....	186
6.7 Mental Health and Substance Use Disorder .....	190
6.7.1 Treatment of Depression .....	190
6.7.2 Treatment of Substance Use Disorder.....	195
6.8 Musculoskeletal Disease .....	208
6.9 Respiratory Diseases .....	209
6.9.1 Treatment of Respiratory Infections .....	209
6.9.3 Management of Asthma.....	212
Chapter 7. Healthy Living .....	215
7.1 Maternal and Child Health .....	215
7.2 Lifestyle Modification.....	220
7.3 Functional Status Preservation and Rehabilitation.....	227
7.4 Supportive and Palliative Care.....	232
7.5 Clinical Preventive Services .....	239
7.5.1 Adult Preventive Care.....	239
7.5.2 Childhood Immunization .....	252
7.5.3 Other Childhood Preventive Care.....	264
7.5.4 Overall Preventive Care.....	271
Chapter 8. Affordable Care.....	275

8.1 Financial Burden of Health Care Cost .....	275
8.2 Usual Source of Care .....	276
Chapter 9. Priority Population .....	280
9.1 Health Resources and Services Administration (HRSA) - Uniform Data System (UDS) Measures .....	280
9.1.1 Clinical Measures .....	280
9.1.2 Clinical Visits.....	284
9.1.3 Electronic Health Records .....	288
Chapter 15. Supplemental Measures .....	291
15.1 Access to Care Measures.....	291
15.1.1 Getting Appointments for Care .....	292
15.1.3 Workforce Diversity .....	296
15.1.4 Focus on the Healthcare Safety Net .....	304
15.1.7 Patient Perceptions of Need.....	306
15.3 Person-Centered Care .....	311
15.3.1 Patient Experience of Care .....	311
15.4 Care Coordination .....	330
15.4.2 Preventable Emergency Department Visits .....	330
15.4.3 Preventable Hospitalizations.....	334
15.4.4 Potentially Harmful Services Without Benefit .....	342
15.4.5 Electronic Health Records in Hospitals or in Physician Practices .....	343
15.5 Effectiveness of Care .....	366
15.5.2 Diabetes .....	366
15.5.3 HIV/AIDS.....	368
15.5.4 Mental Health & Substance Use Disorder .....	369
15.5.6 Maternal & Child Health.....	372
15.5.7 Others .....	375
15.6 Lifestyle Modification.....	376
15.7 Affordable Care .....	378
15.7.1 Financial Burden of Health Care Cost .....	378
15.7.2 Cost of Hospitalization .....	380
Chapter 17. Retired Measures .....	405

## Introduction

This document briefly describes the definitions of the 2022 *National Healthcare Quality and Disparities Report (NHQDR)* measures which are posted on the AHRQ Data Tools website at <https://datatools.ahrq.gov/nhqdr>. The descriptions for each measure include a measure title, a measure source, data source, definitions of numerator and denominator, and other comments. The measures are organized by chapter, followed by sections and subsections based on the NHQDR Measure List. 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:** 020101011

**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: 2019

Population characteristics: 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 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:** The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years. Data before 2019 were dropped because the estimates are not comparable with the 2019 data.

**Measure ID:** 020101021

**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 (CFACT), Medical Expenditure Panel Survey (MEPS)

**Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2017, and 2019

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

**Data Source:** 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:** Non-respondents and "Don't Know" responses were excluded. Data are from the MEPS Child Health section. Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 020101031

**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: 2019

Population characteristics: 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 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:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years. Data before 2019 were dropped because the estimates are not comparable with the 2019 data.

## 2.2 Waiting Time

**Measure ID:** 020201021

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS)

### Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HHAHPS

**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?" Non-respondents and respondents indicating "did not contact this agency" were excluded.

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

**Measure ID:** 020201031



**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

Years available: 2006-2007 to 2018-2019

Population characteristics: Age, sex, race, ethnicity, location of hospital, health insurance

**Data Sources:** CDC, NCHS, 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

**Comments:** Rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. Patient wait defined as time from arrival to time seen by a physician. Excludes patients not seen by a physician, who leave before being seen, or are dead on arrival. A proportion of race data were missing in each year. In 2006, 2007, and 2008, race data were imputed consistent with the guidance in "2007 NHAMCS Microdata File Documentation," doc07.pdf, [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS). Starting with 2009 data, NCHS has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: doc09.pdf, [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS).

**Measure ID:** 020201041

**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

Years available: 2006-2007 to 2018-2019

Population characteristics: Age, sex, race, ethnicity, location of hospital, health insurance

**Data Sources:** CDC, NCHS, 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

**Comments:** Rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. Patient wait defined as time from arrival to time seen by a physician. Excludes patients not seen by a physician, who leave before being seen, or are dead on arrival. A proportion of race data were missing in each year. In 2006, 2007, and 2008, race data were imputed consistent with the guidance in "2007 NHAMCS Microdata File Documentation," doc07.pdf, [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS). Starting with 2009 data, NCHS has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: doc09.pdf, [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS).

**Measure ID:** 020201051

**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

Years available: 2006-2007 to 2018-2019

Population characteristics: Age, sex, race, ethnicity, location of hospital, health insurance

**Data Sources:** CDC, NCHS, 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

**Comments:** Rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. Patient wait defined as time from arrival to time seen by a physician. Excludes patients not seen by a physician, who leave before being seen, or are dead on arrival. A proportion of race data were missing in each year. In 2006, 2007, and 2008, race data were imputed consistent with the guidance in "2007 NHAMCS Microdata File Documentation," doc07.pdf, [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS). Starting with 2009 data, NCHS has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: doc09.pdf, [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS).

**Measure ID:** 020201061

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, HIQR 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 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://qualitynet.cms.gov/>.

**Measure ID:** 020201071

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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 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://qualitynet.cms.gov/>.

**Measure ID:** 020201081

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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>.

**Measure ID:** 020201091

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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>.

**Measure ID:** 020201101

**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:**

**12 |** 2022 National Healthcare Quality and Disparities Report Measure Specifications

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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>.

**Measure ID:** 020201111

**Measure Title:** Median time in minutes patients with psychiatric or mental health conditions spent at

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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>.

## 2.3 Health Insurance

**Measure ID:** 020501031

**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: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, 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. People with Indian Health Service coverage only are considered to have no coverage. Estimates are not age adjusted.

**Measure ID:** 020501051

**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)

### Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, NHIS

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

**Numerator:** Subset of the denominator who reported coverage by private health insurance only

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

**Measure ID:** 020501061

**Measure Title:** Adults ages 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: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, NHIS

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

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

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

**Measure ID:** 020501071

**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 to 2019

Population characteristics: Disability status, age, education, employment status, ethnicity, gender, family income, perceived health status, language spoken at home, residence location, and U.S. born.

**Data Source:** 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:** 020501081

**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 2019

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

**Data Source:** 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:** 020501091

**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: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, 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:** 020501101

**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: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, 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. Estimates are not age adjusted.

**Measure ID:** 020501111

**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 to 2019

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

**Data Source:** 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:** 020501121

**Measure Title:** People under age 65 with any period of private 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 2019

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

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

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

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

**Comments:** This measure is defined based on insurance variables regardless of sources of payment.

**Measure ID:** 020501131

**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: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, 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

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

**Measure ID:** 020501141

**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: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, 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 eligible.” Estimates are not age adjusted.

## 2.4 Usual Source of Care

**Measure ID:** 020601011

**Measure Title:** People with a specific source of ongoing care

**Measure Source:** Healthy People 2020

### Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

### 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

**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. Estimates are not age adjusted.

**Measure ID:** 020601041

**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: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, 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:** 020601051

**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: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

**Data Sources:** CDC, NCHS, 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:** 020701051

**Measure Title:** People with a usual source of care, excluding hospital emergency rooms, who 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 to 2019

Population characteristics: 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 who reported having a usual source of care, excluding hospital emergency rooms

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

**Measure ID:** 020701061

**Measure Title:** People with a usual source of care who is somewhat to very difficulty to contact during regular business hours over the telephone

**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 2019

Population characteristics: 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 who report having a usual source of care

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

**Measure ID:** 020701071

**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: 2019

Population characteristics: 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 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 it sometimes or never easy to see a specialist

**Comments:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years. Data before 2019 were dropped because the estimates are not comparable with the 2019 data.

**Measure ID:** 020701081

**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: 2019

Population characteristics: 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, CFACT, 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 it sometimes or never easy to see a specialist

**Comments:** Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only. Data before 2019 were dropped because the estimates were not comparable with the 2019 data.

## Chapter 3. Patient Safety

### 3.1 Healthcare-Associated Infections

**Measure ID:** 030101011

**Measure Title:** Postoperative sepsis per 1,000 elective-surgery admissions, age 18 and over

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

#### **Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI13) 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030101031

**Measure Title:** Hospital 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 2019

Population characteristics: Age, sex, race, ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI07) 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030101041

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

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race, ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**Denominator:** All medical and surgical hospital discharges or obstetric admissions, age less than 18 years

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

**Comments:** The AHRQ PDI (PDI12) 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030101051

**27** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

**Measure Title:** Hospital admissions with pressure ulcers per 1,000 medical and surgical discharges of length 3 or more days, age 18 years and over

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**Denominator:** All medical and surgical hospital discharges with a length of stay of 3 or more days, age 18 years and over

**Numerator:** Subset of the denominator with any secondary diagnosis of pressure ulcers

**Comments:** The AHRQ PSI (PSI03) software requires that the pressure ulcers 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were

excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030101061

**Measure Title:** Adult inpatients with one or more pressure ulcer adverse events during hospital stay

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** All patients in the sample

**Numerator:** Patients with a hospital acquired pressure ulcer, patients who develop osteomyelitis, tunneling, or fissure as a secondary morbidity contiguous to any pressure ulcer, patients with a pressure ulcer present on admission that advances to stage 3 or stage 4

**Comment:** QSRS data are abstracted from the medical record for the index hospital stay. This measure includes new and worsening pressure ulcers.

## 3.2 Surgical Care

**Measure ID:** 030201011

**Measure Title:** Adult surgery patients with postoperative pneumonia or venous thromboembolic events

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** All patients from the QSRs sample who had a surgical procedure (for postoperative pneumonia these patients also have a LOS>2 days and pneumonia is not present on admission; for venous thromboembolic events, these patients were not on comfort care, did not have prior or chronic deep vein thrombosis and/or pulmonary embolism or unilateral swelling on admission)

**Numerator:** Postoperative Pneumonia: Patients without pneumonia present on admission and all of the following; 1) radiographic evidence of infiltrate, consolidation or cavitation: 2) systemic findings within 3 days before or after the chest radiograph of fever (> 38' C ) or leukopenia (<4000 WBC/mm3) or leukocytosis (>12,000 WBC/mm3) or a decline in mental status 3.) any of the following pulmonary findings within 3 days before or 3 days after the chest radiograph; new onset of purulent sputum, change in character or quantity of sputum, increased respiratory secretions, new onset or worsening cough, dyspnea, tachypnea, rales, bronchial breath sounds or oxygen saturation that decreases following admission and reaches less than 94 percent

Venous Thromboembolic Events: Patients with a diagnosis of deep vein thrombosis, patients with a diagnosis of pulmonary embolism or patients with a diagnosis of both during the index hospital stay

**Comments:** QSRs measures all hospital acquired pneumonia and venous thromboembolic events. To provide this data we restricted the results to patients who underwent a surgical procedure.

**Measure ID:** 030201041

**Measure Title:** Perioperative hemorrhage or hematoma with surgical drainage or evacuation per 1,000 surgical admissions, age 18 and over

**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 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

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

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

**Comments:** The AHRQ PSI (PSI09) 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030201051

**Measure Title:** Postoperative pulmonary embolism or deep vein thrombosis per 1,000 surgical admissions, age 18 and over

**31** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications



**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 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI12) 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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> accessed 07Sep2022).

**Measure ID:** 030201061

**Measure Title:** Postoperative respiratory failure, prolonged mechanical ventilation, or reintubation per 1,000 elective-surgery admissions, age 18 and over

**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 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI11) 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the

nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030201081

**Measure Title:** Postoperative acute kidney injury requiring dialysis per 1,000 elective-surgical admissions, age 18 years and over

**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 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI10) 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030201091

**Measure Title:** Postoperative hip fractures per 1,000 surgical admissions who were not susceptible to falling, age 18 and over

**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 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI08) 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030201101

**Measure Title:** Reclosure of postoperative abdominal wound dehiscence per 1,000 abdominopelvic-surgery admissions of length 2 or more days, age 18 and over

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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:** The AHRQ PSI (PSI12) software requires that the reclosure of postoperative disruption of abdominal wall 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030201121

**Measure Title:** Adult inpatient sustained one or more adverse outcomes from one or more operating room procedures or instance of anesthesia during stay

37 | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** Patient underwent operating room procedure and/or anesthesia during stay

**Numerator:** Includes surgical events, injuries sustained during an operating room procedure, anesthesia events, complications manifested postoperatively, and major complications associated with either surgery or anesthesia (see Table 1 for a complete list of inclusions).

**Comment:** QSRs data are abstracted from the medical record for the index hospital stay.

<b>Table 1. Inclusions: Patient sustained one or more adverse outcomes from one or more operating room procedures or instance of anesthesia during stay</b>
Retained object not present on admission)
Unplanned return to operating room
Bleeding
Revision of operative site
Incorrect OR procedure
Unplanned removal of normal organ
Injuries during OR procedure
Burn or Electric Shock
Dental injury
Ocular injury
Peri-operative injury
Injury to peripheral or cranial nerve or spinal cord
Iatrogenic pneumothorax
Unintended laceration or puncture
Air or other gas embolus
Complications manifested post-op

<b>Table 1. Inclusions: Patient sustained one or more adverse outcomes from one or more operating room procedures or instance of anesthesia during stay</b>
Dehiscence, flap or wound failure or disruption, or graft failure
Unintended blockage, obstruction, or ligation
Post dural puncture headache (PDPH)
Anesthesia events
Death during or shortly after anesthesia in ASA Class 1 patient
Unintended awareness (during general anesthesia)
Malignant hyperthermia
Unplanned anesthesia intervention
Unplanned conversion to general anesthesia
High spinal requiring intubation and/or assisted ventilation
Major complication associated with either surgery or anesthesia
Cardiac or circulatory event during or within 48 hours of OR procedure or administration of anesthesia
Cardiac arrest
Acute Myocardial Infarction (AMI)
Central nervous system event (e.g., CVA, seizures, coma)
Respiratory failure indicated by unplanned respiratory support within 24 hours of OR procedure or administration of anesthesia
Prolonged ventilator support
Re-institution of ventilator

**Measure ID:** 030201151

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**Denominator:** Number of home health quality episodes ending with a discharge during the reporting period, excluding patients did not have any surgical wounds or had only a surgical wound that was unobservable or fully epithelialized at start or resumption of care, episodes that end with inpatient facility transfer or death



**Numerator:** Number of home health quality episodes where the patient has a better status of surgical wounds at discharge compared to start (resumption) of care

**Comments:** The OASIS instrument defines the most problematic status for surgical wounds using 4 definitions. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

### 3.3 Other Complications of Hospital Care

**Measure ID:** 030301011

**Measure Title:** Bloodstream infections or mechanical adverse events in adult hospital patients receiving central venous catheter placement per 1000 patients

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

#### **Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** For bloodstream infection; central line in place > 2 calendar days during stay. For mechanical adverse events; central line during stay

**Numerator:** Bloodstream Infections (CLABSI): Laboratory confirmed bloodstream infection while catheter was in place, or within 1 day after its removal, as identified by either of the following: positive blood culture with recognized pathogen\* or both of the following: two or more blood cultures growing the same common commensal\*\* drawn separately on the same day, or on consecutive days and at least one of the following symptoms within 3 days before or after the first positive blood culture: fever greater than 38°, chills, hypotension. Also, absence of a likely source of blood stream infection from another body site (excluding artery, vein, vascular graft, shunt, fistula, or episiotomy site) documented prior to, or on the same day as, the first positive blood culture.

**Comments:** QSRS data are abstracted from the medical record for the index hospital stay. Central lines present on admission and accessed during the hospital stay or inserted during the hospital stay are included in this measure.

**Measure ID:** 030301021

**Measure Title:** Bloodstream infection in adult hospital patients receiving central venous catheter placement

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** Central line in place > 2 calendar days during stay

**Numerator:** Laboratory confirmed bloodstream infection while catheter was in place, or within 1 day after its removal, as identified by either of the following: positive blood culture with recognized pathogen\* or both of the following: two or more blood cultures growing the same common commensal\*\* drawn separately on the same day, or on consecutive days and at least one of the following symptoms within 3 days before or after the first positive blood culture: fever greater than 38° ,chills, hypotension. Also, absence of a likely source of blood stream infection from another body site (excluding artery, vein, vascular graft, shunt, fistula, or episiotomy site) documented prior to, or on the same day as, the first positive blood culture.

**Comments:** QSRS data are abstracted from the medical record for the index hospital stay. Note all central lines are included in the **Denominator**, including those present on admission. The term central line is used in place of central venous catheter in QSRS.

**Measure ID:** 030301041

**Measure Title:** Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, age 18 and over

**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 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI15) 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were

excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030301051

**Measure Title:** Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, age less than 18 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 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PDI01) 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030301061

**Measure Title:** Hospital admissions with iatrogenic pneumothorax per 1,000 medical and surgical admissions, age 18 and over

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI06) 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030301071

**Measure Title:** Deaths per 1,000 elective-surgery admissions who developed serious treatable 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, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (PSI04) 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030301081

**Measure Title:** Deaths per 1,000 discharges with expected low-mortality, 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 (PSI02)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**Denominator:** Hospital admissions among people age 18 and over or obstetric conditions, in low-mortality DRGs (defined as DRGs with less than a 05% 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030301091



**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 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**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, 10D07Z3-10D07Z8, 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). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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> accessed 07Sep2022).

**Measure ID:** 030301101

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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 <https://qualitynet.cms.gov/>, by selecting the “Specifications Manual” link under the “Hospital-Inpatient” tab in the left navigation bar and then the latest version and the measure.

**Measure ID:** 030301111

**Measure Title:** Adult inpatients sustained one or more adverse outcomes related to receipt of blood or blood product transfusion

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** Patients who received a transfusion of blood or blood product during the hospital stay

**Numerator:** Notation in the medical record of a transfusion reaction or administration of incompatible ABO type whole blood or red cells.

**Comments:** QSRS data are abstracted from the medical record for the index hospital stay. Transfusion reaction is determined by appropriate ICD-10 codes or notation of reaction in the medical chart.

**Measure ID:** 030301121

**Measure Title:** Adult inpatients with one or more falls during hospital stay

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** All patients in the sample

**Numerator:** Patients with at least one fall during admission, with or without injury, whether or not fall was assisted

**Comment:** QSRS data are abstracted from the medical record for the index hospital stay. All falls assisted and unassisted and with and without injury are included in this measure.

**Measure ID:** 030301131

**Measure Title:** Adults inpatients with a new diagnosis of deep vein thrombosis or pulmonary embolism during hospital stay

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** All patients who are not on comfort care or who did not have prior or chronic Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (PE) with unilateral swelling on admission

**Numerator:** Patients with a diagnosis of deep vein thrombosis, patients with a diagnosis of pulmonary embolism or patients with a diagnosis of both during the index hospital stay

**Comment:** QRS data are abstracted from the medical record for the index hospital stay.

### 3.4 Complications of Medication

**Measure ID:** 030401021

**Measure Title:** Adult inpatients who received an anticoagulant who had an adverse drug event with intravenous (IV) heparin

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid

arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** Patients with IV heparin administered during the hospital stay

**Numerator:** Administration of IV heparin during hospital stay and both of the following: 1) Either of the following lab values or actions; partial thromboplastin time greater than 100. Administration of any of the following; protamine, fresh frozen plasma, blood or red cell transfusion with no surgical operation 2) any of the following adverse outcomes more than 24 hours after admission and within 1 day, either before or after any of the circumstances listed above; hemoglobin decrease of  $\geq 5$  mg/dL or a  $\geq 15\%$  absolute decrease in the hematocrit following anticoagulant administration if more than 48 hours after admission, bleeding not present on admission, cardiac arrest/emergency measures to sustain life/call for rapid response team, death

**Comments:** QSRS data are abstracted from the medical record for the index hospital stay.

**Measure ID:** 030401031

**Measure Title:** Adult inpatients with an anticoagulant-related adverse drug event to low-molecular-weight heparin (LMWH) and factor Xa

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QRSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDS, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** Patients with low molecular weight heparin, thrombin inhibitor, or a factor Xa inhibitor administered during the hospital stay

**Numerator:** Administration of low molecular weight heparin, thrombin inhibitor, or a factor Xa inhibitor during hospital stay, and both of the following: 1) administration of any of the following: protamine,

fresh frozen plasma, recombinant factor VIIa, decompressing acetate, cryoprecipitate, antifibrinolytic therapy, blood or red cell transfusion with no surgical operation

2) any of the following adverse outcomes more than 24 hours after admission and within 1 day, either before or after any of the circumstances listed above; hemoglobin decrease of  $\geq 5$  mg/dL or a  $\geq 15\%$  absolute decrease in the hematocrit following anticoagulant administration if more than 48 hours after admission, bleeding not present on admission, cardiac arrest/emergency measures to sustain life/call for rapid response team, death

**Comments:** QSRS data are abstracted from the medical record for the index hospital stay. Low molecular weight heparin (LMWH), thrombin inhibitors and factor Xa inhibitors are included in this measure.

**Measure ID:** 030401041

**Measure Title:** Hospital patients who received a hypoglycemic agent who had an adverse drug events with hypoglycemic agents

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

**Table Descriptions:**

Geographic representation: National

Years available: 2020

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

**Data Source:** CMS Medicare Fee-For-Service and Medicare Advantage

**Denominator:** Patient with a hypoglycemic agent administered during the hospital stay

**Numerator:** Patients with administration of insulin and/or other hypoglycemic agent during hospital stay and blood glucose documented as  $> 50$  and  $\leq 70$  mg/dL, and being administered 50% dextrose, 10% dextrose, or glucagon more than 24 hours after admission.

**Comments:** QSRS data are abstracted from the medical record for the index hospital stay.

**Measure ID:** 030401051

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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 <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/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:** 030501011

**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 (PSI17)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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.

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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030501021

**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 (PSI19)

**Table Descriptions:**

55 | 2022 National Healthcare Quality and Disparities Report: Measure Specifications



Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (unadjusted) 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 030501031

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

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSI18)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 (unadjusted) 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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> accessed 07Sep2022).

**Measure ID:** 030501041

**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: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**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

<b>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</b>
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
<b>Abortions</b>
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

<b>Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes</b>
I2602 =Saddle embolus of pulmonary artery with acute corpulmonale
I2609 =Other pulmonary embolism with acute corpulmonale
I2692 =Saddle embolus of pulmonary artery without acute corpulmonale

<b>Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes</b>
I2699 =Other pulmonary embolism without acute corpulmonale
I8010 =Phlebitis and thrombophlebitis of unspecified femoral vein
I8011 =Phlebitis and thrombophlebitis of right femoral vein
I8012 =Phlebitis and thrombophlebitis of left femoral vein
I8013 =Phlebitis and thrombophlebitis of femoral vein, bilateral
I80201 =Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
I80202 =Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
I80203 =Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
I80209 =Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
I80211 =Phlebitis and thrombophlebitis of right iliac vein
I80212 =Phlebitis and thrombophlebitis of left iliac vein
I80213 =Phlebitis and thrombophlebitis of iliac vein, bilateral
I80219 =Phlebitis and thrombophlebitis of unspecified iliac vein
I80221 =Phlebitis and thrombophlebitis of right popliteal vein
I80222 =Phlebitis and thrombophlebitis of left popliteal vein
I80223 =Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80229 =Phlebitis and thrombophlebitis of unspecified popliteal vein
I80231 =Phlebitis and thrombophlebitis of right tibial vein
I80232 =Phlebitis and thrombophlebitis of left tibial vein
I80233 =Phlebitis and thrombophlebitis of tibial vein, bilateral
I80239 =Phlebitis and thrombophlebitis of unspecified tibial vein
I80291 =Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80292 =Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80293 =Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I80299 =Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
I82401 =Acute embolism and thrombosis of unspecified deep veins of right lower extremity
I82402 =Acute embolism and thrombosis of unspecified deep veins of left lower extremity
I82403 =Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
I82409 =Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
I82411 =Acute embolism and thrombosis of right femoral vein
I82412 =Acute embolism and thrombosis of left femoral vein
I82413 =Acute embolism and thrombosis of femoral vein, bilateral
I82419 =Acute embolism and thrombosis of unspecified femoral vein
I82421 =Acute embolism and thrombosis of right iliac vein
I82422 =Acute embolism and thrombosis of left iliac vein
I82423 =Acute embolism and thrombosis of iliac vein, bilateral
I82429 =Acute embolism and thrombosis of unspecified iliac vein
I82431 =Acute embolism and thrombosis of right popliteal vein
I82432 =Acute embolism and thrombosis of left popliteal vein
I82433 =Acute embolism and thrombosis of popliteal vein, bilateral
I82439 =Acute embolism and thrombosis of unspecified popliteal vein

<b>Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes</b>
I824Y1 =Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
I824Y2 =Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
I824Y3 =Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I824Y9 =Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity

**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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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:** 030501051

**Measure Title:** Severe maternal morbidity 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: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**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

<b>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</b>
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Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
<b>Abortions</b>
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 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 <https://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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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:** 030501061

**Measure Title:** Severe postpartum hemorrhage 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: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**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

<b>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</b>
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
<b>Abortions</b>
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 postpartum hemorrhage

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

**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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the

selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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:** 030501071

**Measure Title:** Eclampsia or preeclampsia 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: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**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

<b>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</b>
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
<b>Abortions</b>
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 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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:** 030501081

**Measure Title:** Cesarean deliveries per 1,000 deliveries

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI21).

**Table Descriptions:**

Geographic representation: National and state

Years available: 2016 to 2019

Population characteristics: Age, race, ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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

**Denominator:** Inpatient stays for women aged 10-54 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

<b>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</b>
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
<b>Abortions</b>

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 cesarean delivery

**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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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:** 030501091

**Measure Title:** Vaginal birth after cesarean per 1,000 women with previous cesarean deliveries, uncomplicated

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI22).

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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

**Denominator:** Inpatient stay for women aged 10-54 with a previous cesarean deliveries, and with delivery diagnosis, procedure, or DRG, and with a previous cesarean deliveries. Excluding those with any indication of abortion.

**Numerator:** Subset of the denominator with any diagnosis of vaginal delivery

<b>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</b>
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
<b>Abortions</b>
Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'
Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')

**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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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:** 030501101

**Measure Title:** First-time cesarean deliveries (identified by no previous cesarean delivery diagnosis on the record) per 1,000 deliveries

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI33).

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of

the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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

**Denominator:** Inpatient stay for women aged 10-54 with delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion or with a previous cesarean deliveries

**Numerator:** Subset of the denominator with any diagnosis of first-time cesarean deliveries

<b>Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs</b>
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
<b>Abortions</b>
Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'
Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')

**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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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>).

### 3.6 Inappropriate Treatment

**Measure ID:** 030601011

**Measure Title:** Adults age 65 and over who received in the calendar year at least 1 of 11 prescription medications that should be avoided in older adults

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

**Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2019

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

**Data Source:** 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:** 030601021

**Measure Title:** Adults age 65 and over who received in the calendar year at least 1 of 33 potentially inappropriate prescription medications<sup>a</sup> for older adults

**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 2019

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

**Data Source:** 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. 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.

### 3.7 Supportive and Palliative Care

**Measure ID:** 030701011

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**Data Sources:** CMS, Nursing Home Assessment files, Minimum Data Set (MDS)

**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 latest assessment in the calendar year.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> accessed 07Sep2022).

**Measure ID:** 030701021

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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 episode. 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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> accessed 07Sep2022).

**Measure ID:** 030701031

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> accessed 07Sep2022).

**Measure ID:** 030701041

**Measure Title:** Long-stay nursing home patients experiencing one or more falls with major injury

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> accessed 07Sep2022).

**Measure ID:** 030701052

**Measure Title:** Short-stay nursing home patients with pressure ulcers that are new or worsened

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> accessed 07Sep2022).

CMS changed the specification for this measure since 2019.

## 3.8 Home Health Communication

**Measure ID:** 030801021

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HCAHPS

**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?" Non-respondents and respondents indicating "do not remember" were excluded.

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

**Measure ID:** 030801031

**Measure Title:** 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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HCAHPS

**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?" Non-respondents and respondents indicating "do not remember" were excluded.

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

**Measure ID:** 030801041

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HCAHPS

**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?" Non-respondents and respondents indicating "do not remember" were excluded.

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

**Measure ID:** 030801071

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?" Non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines" were excluded.

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

**Measure ID:** 030801081

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?" Non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines" were excluded.

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

**Measure ID:** 030801091

**Measure Title:** Adults 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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

**Table Descriptions:**

75 | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?" Non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines" were excluded.

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

## Chapter 4. Person-Centered Care

### 4.1 Patient Experience Care

**Measure ID:** 040101011

**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, and 2019

Population characteristics: 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 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

**Numerator:** Subset of the denominator who responded "Sometimes" or "Never" to any of the four questions making up this composite measure

**Comments:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101031

**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 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, and 2019

Population characteristics: 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 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:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101051

**Measure Title:** Adults 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 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, and 2019

Population characteristics: 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 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 sometimes or never to the above question

**Comments:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101071

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 12 months 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)

**Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2017, and 2019

Population characteristics: 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 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 show respect for what you had to say?"

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

**Comments:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101091

**Measure Title:** Adults who had a doctor's office or clinic visit in the last 12 months 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, and 2019

Population characteristics: 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 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:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101111

**Measure Title:** Adults who rated their healthcare received in the last 12 months as poor (0-6) on a scale of 0-10 (where 0 is the worst and 10 is the best)

**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, and 2019

Population characteristics: 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 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:** Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101131

**Measure Title:** Adults with limited English proficiency and usual source of care (USC) and the USC had 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: 2018 to 2019

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

**Data Source:** 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

**Comments:** The survey questions about language were changed from asking at family level to person

**Measure ID:** 040101132

**Measure Title:** Adults with limited English proficiency who had 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: 2018 to 2019

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

**Data Source:** 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

**Comments:** The survey questions about language were changed from asking at family level to person level since 2018 MEPS redesign so data before 2018 were not comparable with data from 2018 or later.

**Measure ID:** 040101151

**Measure Title:** People with a usual source of care who sometimes or never asked person to help make decisions when there was a choice between treatments

**Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2019

Population characteristics: 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

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

**Comments:** Due to the 2018 MEPS redesign, data from 2018 may not be comparable with the 2002-2007 data.

**Measure ID:** 040101161

**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)

**Table Descriptions:**

Geographic representation: National

Years available: 2011 to 2017, and 2019

Population characteristics: 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 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://wayback.archive-it.org/5774/20220414154252/https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives> (accessed 26Sep2022).

The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101171

**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)

**Table Descriptions:**

Geographic representation: National

Years available: 2011 to 2017, and 2019

Population characteristics: 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 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 conditions

**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://wayback.archive-it.org/5774/20220414154252/https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives> (accessed 26Sep2022).

The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

**Measure ID:** 040101181

**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);

**Table Descriptions:**

Geographic representation: National

Years available: 2011 to 2017, and 2019

Population characteristics: 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 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://wayback.archive-it.org/5774/20220414154252/https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives> (accessed 26Sep2022). The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

## 4.2 Hospital Communication

**Measure ID:** 040201031

**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 (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

### Table Descriptions:

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: 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:** 040301011

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HCAHPS

**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?" Non-respondents and respondents indicating "don't know" were excluded.

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

**Measure ID:** 040301061

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HCAHPS

**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?"

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

**Measure ID:** 040301101

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAPHS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HHCAPHS

**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?"

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

**Measure ID:** 040301111

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAPHS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?"

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

**Measure ID:** 040301121

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?"

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

**Measure ID:** 040301131

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019



Population characteristics: 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?"

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

**Measure ID:** 040301141

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?"

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

**Measure ID:** 040301151

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?" Non-respondents and respondents indicating "did not contact this agency" were excluded.

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

**Measure ID:** 040301161

**Measure Title:** Adults who did not have any problem with the care they received from their home health provider, in the last 2 months of care

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: 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?"

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

## 4.4 Hospice Care

**Measure ID:** 040401011

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

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, 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 at <https://hospicecahpsurvey.org/en/public-reporting/scoring-and-analysis/>. The possible responses include "Always", "Usually", "Sometime " and "Never".

**Measure ID:** 040401021

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

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, 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, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
2. How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

**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 at <https://hospicecahpsurvey.org/en/public-reporting/scoring-and-analysis/>. The possible responses include "Always", "Usually", "Sometimes", and "Never".

**Measure ID:** 040401031

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

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, 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 at <https://hospicecahpsurvey.org/en/public-reporting/scoring-and-analysis/>. The possible responses include "Always", "Usually", "Sometimes", and "Never".

**Measure ID:** 040401041

**Measure Title:** Hospice patients who always received enough help for pain, sadness, breathing, or constipation from hospice care team

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

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

**Denominator:** Family caregivers of adult hospice patients who indicate that the patient experienced the given symptom

**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 at <https://hospicecahpsurvey.org/en/public-reporting/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:** 040401051

**Measure Title:** Family members who definitely received trainings about taking care their family member from hospice care team

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

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

**Denominator:** Family caregivers of adult hospice patients who reported that the patient received hospice care at home or in an assisted living facility

**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 at <https://hospicecahpsurvey.org/en/public-reporting/scoring-and-analysis/>. The possible responses include "No"; "Yes, somewhat"; and "Yes, definitely".

**Measure ID:** 040401061

**Measure Title:** Family caregivers who received right amount of emotional and spiritual supports from hospice care team

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, 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 at <https://hospicecahpsurvey.org/en/public-reporting/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:** 040401071

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, 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?

**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 at <https://hospicecahpssurvey.org/en/public-reporting/scoring-and-analysis/>.

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:** 040401081

**Measure Title:** Family caregivers who would definitely recommend this hospice to their friends and family

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, 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 at <https://hospicecahpssurvey.org/en/public-reporting/scoring-and-analysis/>.

The possible responses include "Definitely no", "Probably no", "Probably yes", and "Definitely yes".

## Chapter 5. Care Coordination

### 5.1 Transitions of Care

**Measure ID:** 050101021

**Measure Title:** Adult hospital patients who did not receive good communication about discharge information



**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: 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:** 050101031

**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 (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2014 to 2019

Population characteristics: 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:** 050201011

**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 2019

Population characteristics: 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 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:** 050301022

**Measure Title:** Emergency department visits with a principal 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 to 2019

Population characteristics: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region

**Data Source:** 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). Observed (un-adjusted) rates are reported. ICD-10-CM diagnosis codes related to mental health disorders include the following:

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F064'	Anxiety disorder due to known physiological condition
'F4000'	Agoraphobia, unspecified
'F4001'	Agoraphobia with panic disorder
'F4002'	Agoraphobia without panic disorder
'F4010'	Social phobia, unspecified
'F4011'	Social phobia, generalized
'F40210'	Arachnophobia
'F40218'	Other animal type phobia
'F40220'	Fear of thunderstorms
'F40228'	Other natural environment type phobia
'F40230'	Fear of blood
'F40231'	Fear of injections and transfusions
'F40232'	Fear of other medical care
'F40233'	Fear of injury
'F40240'	Claustrophobia
'F40241'	Acrophobia
'F40242'	Fear of bridges
'F40243'	Fear of flying
'F40248'	Other situational type phobia
'F40290'	Androphobia
'F40291'	Gynephobia
'F40298'	Other specified phobia
'F408'	Other phobic anxiety disorders
'F409'	Phobic anxiety disorder, unspecified
'F410'	Panic disorder [episodic paroxysmal anxiety]
'F411'	Generalized anxiety disorder
'F413'	Other mixed anxiety disorders

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F418'	Other specified anxiety disorders
'F419'	Anxiety disorder, unspecified
'F422'	Mixed obsessional thoughts and acts
'F423'	Hoarding disorder
'F424'	Excoriation (skin-picking) disorder
'F428'	Other obsessive-compulsive disorder
'F429'	Obsessive-compulsive disorder, unspecified
'F4311'	Post-traumatic stress disorder, acute
'F4312'	Post-traumatic stress disorder, chronic
'F930'	Separation anxiety disorder of childhood
'F940'	Selective mutism
'R466'	Undue concern and preoccupation with stressful events
'F0633'	Mood disorder due to known physiol cond w manic features
'F0634'	Mood disorder due to known physiol cond w mixed features
'F3010'	Manic episode without psychotic symptoms, unspecified
'F3011'	Manic episode without psychotic symptoms, mild
'F3012'	Manic episode without psychotic symptoms, moderate
'F3013'	Manic episode, severe, without psychotic symptoms
'F302'	Manic episode, severe with psychotic symptoms
'F303'	Manic episode in partial remission
'F308'	Other manic episodes
'F309'	Manic episode, unspecified
'F310'	Bipolar disorder, current episode hypomanic
'F3110'	Bipolar disord, crnt episode manic w/o psych features, unsp
'F3111'	Bipolar disord, crnt episode manic w/o psych features, mild
'F3112'	Bipolar disord, crnt episode manic w/o psych features, mod
'F3113'	Bipolar disord, crnt epsd manic w/o psych features, severe
'F312'	Bipolar disord, crnt episode manic severe w psych features
'F3130'	Bipolar disord, crnt epsd depress, mild or mod severt, unsp
'F3131'	Bipolar disorder, current episode depressed, mild
'F3132'	Bipolar disorder, current episode depressed, moderate
'F314'	Bipolar disord, crnt epsd depress, sev, w/o psych features
'F315'	Bipolar disord, crnt epsd depress, severe, w psych features
'F3160'	Bipolar disorder, current episode mixed, unspecified
'F3161'	Bipolar disorder, current episode mixed, mild
'F3162'	Bipolar disorder, current episode mixed, moderate
'F3163'	Bipolar disord, crnt epsd mixed, severe, w/o psych features
'F3164'	Bipolar disord, crnt episode mixed, severe, w psych features
'F3171'	Bipolar disord, in partial remis, most recent epsd hypomanic
'F3173'	Bipolar disord, in partial remis, most recent episode manic

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F3175'	Bipolar disord, in partial remis, most recent epsd depress
'F3177'	Bipolar disord, in partial remis, most recent episode mixed
'F3181'	Bipolar II disorder
'F3189'	Other bipolar disorder
'F319'	Bipolar disorder, unspecified
'F340'	Cyclothymic disorder
'F0630'	Mood disorder due to known physiological condition, unsp
'F0631'	Mood disorder due to known physiol cond w depressv features
'F0632'	Mood disord d/t physiol cond w major depressive-like epsd
'F320'	Major depressive disorder, single episode, mild
'F321'	Major depressive disorder, single episode, moderate
'F322'	Major depressv disord, single epsd, sev w/o psych features
'F323'	Major depressv disord, single epsd, severe w psych features
'F324'	Major depressv disorder, single episode, in partial remis
'F328'	Other depressive episodes
'F3281'	Premenstrual dysphoric disorder
'F3289'	Other specified depressive episodes
'F329'	Major depressive disorder, single episode, unspecified
'F330'	Major depressive disorder, recurrent, mild
'F331'	Major depressive disorder, recurrent, moderate
'F332'	Major depressv disorder, recurrent severe w/o psych features
'F333'	Major depressv disorder, recurrent, severe w psych symptoms
'F3341'	Major depressive disorder, recurrent, in partial remission
'F338'	Other recurrent depressive disorders
'F339'	Major depressive disorder, recurrent, unspecified
'F341'	Dysthymic disorder
'F348'	Other persistent mood [affective] disorders
'F3481'	Disruptive mood dysregulation disorder
'F3489'	Other specified persistent mood disorders
'F349'	Persistent mood [affective] disorder, unspecified
'F39'	Unspecified mood [affective] disorder
'O906'	Postpartum mood disturbance
'F631'	Pyromania
'F632'	Kleptomania
'F6381'	Intermittent explosive disorder
'F6389'	Other impulse disorders
'F639'	Impulse disorder, unspecified
'F910'	Conduct disorder confined to family context
'F911'	Conduct disorder, childhood-onset type
'F912'	Conduct disorder, adolescent-onset type

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F913'	Oppositional defiant disorder
'F918'	Other conduct disorders
'F919'	Conduct disorder, unspecified
'F440'	Dissociative amnesia
'F441'	Dissociative fugue
'F442'	Dissociative stupor
'F4481'	Dissociative identity disorder
'F4489'	Other dissociative and conversion disorders
'F449'	Dissociative and conversion disorder, unspecified
'F481'	Depersonalization-derealization syndrome
'F5000'	Anorexia nervosa, unspecified
'F5001'	Anorexia nervosa, restricting type
'F5002'	Anorexia nervosa, binge eating/purging type
'F502'	Bulimia nervosa
'F508'	Other eating disorders
'F5081'	Binge eating disorder
'F5082'	Avoidant/restrictive food intake disorder
'F5089'	Other specified eating disorder
'F509'	Eating disorder, unspecified
'F9821'	Rumination disorder of infancy
'F9829'	Other feeding disorders of infancy and early childhood
'F983'	Pica of infancy and childhood
'F980'	Enuresis not due to a substance or known physiol condition
'F981'	Encopresis not due to a substance or known physiol condition
'F641'	Dual role transvestism
'F642'	Gender identity disorder of childhood
'F648'	Other sex identity disorders
'F649'	Gender identity disorder, unspecified
'F938'	Other childhood emotional disorders
'R45850'	Homicidal ideations
'F0150'	Vascular dementia without behavioral disturbance
'F0151'	Vascular dementia with behavioral disturbance
'F0280'	Dementia in oth diseases classd elswhr w/o behavrl disturb
'F0281'	Dementia in oth diseases classd elswhr w behavioral disturb
'F0390'	Unspecified dementia without behavioral disturbance
'F0391'	Unspecified dementia with behavioral disturbance
'F04'	Amnestic disorder due to known physiological condition
'F05'	Delirium due to known physiological condition
'F0781'	Postconcussional syndrome
'F0789'	Oth personality & behavrl disord due to known physiol cond

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F079'	Unsp personality & behavrl disord due to known physiol cond
'F482'	Pseudobulbar affect
'G300'	Alzheimer's disease with early onset
'G301'	Alzheimer's disease with late onset
'G308'	Other Alzheimer's disease
'G309'	Alzheimer's disease, unspecified
'G3101'	Pick's disease
'G3109'	Other frontotemporal dementia
'G311'	Senile degeneration of brain, not elsewhere classified
'G3183'	Dementia with Lewy bodies
'R4181'	Age-related cognitive decline
'R54'	Age-related physical debility
'F70'	Mild intellectual disabilities
'F71'	Moderate intellectual disabilities
'F72'	Severe intellectual disabilities
'F73'	Profound intellectual disabilities
'F78'	Other intellectual disabilities
'F79'	Unspecified intellectual disabilities
'F800'	Phonological disorder
'F801'	Expressive language disorder
'F802'	Mixed receptive-expressive language disorder
'F804'	Speech and language development delay due to hearing loss
'F8081'	Childhood onset fluency disorder
'F8082'	Social pragmatic communication disorder
'F8089'	Other developmental disorders of speech and language
'F809'	Developmental disorder of speech and language, unspecified
'F810'	Specific reading disorder
'F812'	Mathematics disorder
'F8181'	Disorder of written expression
'F8189'	Other developmental disorders of scholastic skills
'F819'	Developmental disorder of scholastic skills, unspecified
'F82'	Specific developmental disorder of motor function
'F840'	Autistic disorder
'F842'	Rett's syndrome
'F843'	Other childhood disintegrative disorder
'F845'	Asperger's syndrome
'F848'	Other pervasive developmental disorders
'F849'	Pervasive developmental disorder, unspecified
'F88'	Other disorders of psychological development
'F89'	Unspecified disorder of psychological development

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F900'	Attn-defct hyperactivity disorder, predom inattentive type
'F901'	Attn-defct hyperactivity disorder, predom hyperactive type
'F902'	Attention-deficit hyperactivity disorder, combined type
'F908'	Attention-deficit hyperactivity disorder, other type
'F909'	Attention-deficit hyperactivity disorder, unspecified type
'F948'	Other childhood disorders of social functioning
'F949'	Childhood disorder of social functioning, unspecified
'F950'	Transient tic disorder
'F951'	Chronic motor or vocal tic disorder
'F952'	Tourette's disorder
'F958'	Other tic disorders
'F959'	Tic disorder, unspecified
'F984'	Stereotyped movement disorders
'F985'	Adult onset fluency disorder
'R480'	Dyslexia and alexia
'F42'	Obsessive-compulsive disorder
'F4521'	Hypochondriasis
'F4522'	Body dysmorphic disorder
'F633'	Trichotillomania
'R4681'	Obsessive-compulsive behavior
'F068'	Oth mental disorders due to known physiological condition
'F09'	Unsp mental disorder due to known physiological condition
'F488'	Other specified nonpsychotic mental disorders
'F489'	Nonpsychotic mental disorder, unspecified
'F939'	Childhood emotional disorder, unspecified
'F99'	Mental disorder, not otherwise specified
'F650'	Fetishism
'F651'	Transvestic fetishism
'F652'	Exhibitionism
'F653'	Voyeurism
'F654'	Pedophilia
'F6551'	Sexual masochism
'F6552'	Sexual sadism
'F6581'	Frotteurism
'F6589'	Other paraphilias
'F659'	Paraphilia, unspecified
'F070'	Personality change due to known physiological condition
'F21'	Schizotypal disorder
'F600'	Paranoid personality disorder
'F601'	Schizoid personality disorder



ICD-10-CM DIAGNOSIS	DESCRIPTION
'F602'	Antisocial personality disorder
'F603'	Borderline personality disorder
'F604'	Histrionic personality disorder
'F605'	Obsessive-compulsive personality disorder
'F606'	Avoidant personality disorder
'F607'	Dependent personality disorder
'F6081'	Narcissistic personality disorder
'F6089'	Other specific personality disorders
'F609'	Personality disorder, unspecified
'F6811'	Factitious disorder w predom psych signs and symptoms
'F6812'	Factitious disorder w predom physical signs and symptoms
'F6813'	Factitious disord w comb psych and physcl signs and symptoms
'F688'	Other specified disorders of adult personality and behavior
'F69'	Unspecified disorder of adult personality and behavior
'F060'	Psychotic disorder w hallucin due to known physiol condition
'F061'	Catatonic disorder due to known physiological condition
'F062'	Psychotic disorder w delusions due to known physiol cond
'F200'	Paranoid schizophrenia
'F201'	Disorganized schizophrenia
'F202'	Catatonic schizophrenia
'F203'	Undifferentiated schizophrenia
'F205'	Residual schizophrenia
'F2081'	Schizophreniform disorder
'F2089'	Other schizophrenia
'F209'	Schizophrenia, unspecified
'F22'	Delusional disorders
'F23'	Brief psychotic disorder
'F24'	Shared psychotic disorder
'F250'	Schizoaffective disorder, bipolar type
'F251'	Schizoaffective disorder, depressive type
'F258'	Other schizoaffective disorders
'F259'	Schizoaffective disorder, unspecified
'F28'	Oth psych disorder not due to a sub or known physiol cond
'F29'	Unsp psychosis not due to a substance or known physiol cond
'F520'	Hypoactive sexual desire disorder
'F521'	Sexual aversion disorder
'F5221'	Male erectile disorder
'F5222'	Female sexual arousal disorder
'F5231'	Female orgasmic disorder
'F5232'	Male orgasmic disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F524'	Premature ejaculation
'F525'	Vaginismus not due to a substance or known physiol condition
'F526'	Dyspareunia not due to a substance or known physiol cond
'F528'	Oth sexual dysfnct not due to a sub or known physiol cond
'F529'	Unsp sexual dysfnct not due to a sub or known physiol cond
'F53'	Puerperal psychosis
'F640'	Transsexualism
'F6550'	Sadomasochism, unspecified
'F66'	Other sexual disorders
'R37'	Sexual dysfunction, unspecified
'F5101'	Primary insomnia
'F5102'	Adjustment insomnia
'F5103'	Paradoxical insomnia
'F5104'	Psychophysiologic insomnia
'F5105'	Insomnia due to other mental disorder
'F5109'	Oth insomnia not due to a substance or known physiol cond
'F5111'	Primary hypersomnia
'F5112'	Insufficient sleep syndrome
'F5113'	Hypersomnia due to other mental disorder
'F5119'	Oth hypersomnia not due to a substance or known physiol cond
'F513'	Sleepwalking [somnambulism]
'F514'	Sleep terrors [night terrors]
'F515'	Nightmare disorder
'F518'	Oth sleep disord not due to a sub or known physiol cond
'F519'	Sleep disorder not due to a sub or known physiol cond, unsp
'F444'	Conversion disorder with motor symptom or deficit
'F445'	Conversion disorder with seizures or convulsions
'F446'	Conversion disorder with sensory symptom or deficit
'F447'	Conversion disorder with mixed symptom presentation
'F450'	Somatization disorder
'F451'	Undifferentiated somatoform disorder
'F4520'	Hypochondriacal disorder, unspecified
'F4529'	Other hypochondriacal disorders
'F4541'	Pain disorder exclusively related to psychological factors
'F4542'	Pain disorder with related psychological factors
'F458'	Other somatoform disorders
'F459'	Somatoform disorder, unspecified
'F54'	Psych & behavrl factors assoc w disord or dis classd elswhr
'F6810'	Factitious disorder, unspecified
'R45851'	Suicidal ideations

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T1491'	Suicide attempt (through FY 2017)
'T1491XA'	Suicide attempt, initial encounter
'T360X2A'	Poisoning by penicillins, intentional self-harm, initial encounter
'T361X2A'	Poison by cephalospor/oth beta-lactm antibiot, self-harm, initial encounter
'T362X2A'	Poisoning by chloramphenicol group, self-harm, initial encounter
'T363X2A'	Poisoning by macrolides, intentional self-harm, initial encounter
'T364X2A'	Poisoning by tetracyclines, intentional self-harm, initial encounter
'T365X2A'	Poisoning by aminoglycosides, intentional self-harm, initial encounter
'T366X2A'	Poisoning by rifampicins, intentional self-harm, initial encounter
'T367X2A'	Poisoning by antifungal antibiot, sys used, self-harm, initial encounter
'T368X2A'	Poisoning by oth systemic antibiotics, self-harm, initial encounter
'T3692XA'	Poisoning by unsp systemic antibiotic, self-harm, initial encounter
'T370X2A'	Poisoning by sulfonamides, intentional self-harm, initial encounter
'T371X2A'	Poisoning by antimycobacterial drugs, self-harm, initial encounter
'T372X2A'	Poison by antimalari/drugs act on bld protzoa, self-harm, initial encounter
'T373X2A'	Poisoning by oth antiprotozoal drugs, self-harm, initial encounter
'T374X2A'	Poisoning by anthelmintics, intentional self-harm, initial encounter
'T375X2A'	Poisoning by antiviral drugs, intentional self-harm, initial encounter
'T378X2A'	Poison by oth systemic anti-infect/parasit, self-harm, initial encounter
'T3792XA'	Poison by unsp sys anti-infect and antiparastc, self-harm, initial encounter
'T380X2A'	Poisoning by glucocort/synth analog, self-harm, initial encounter
'T381X2A'	Poisoning by thyroid hormones and sub, self-harm, initial encounter
'T382X2A'	Poisoning by antithyroid drugs, intentional self-harm, initial encounter
'T383X2A'	Poison by insulin and oral hypoglycemic drugs, self-harm, initial encounter
'T384X2A'	Poisoning by oral contraceptives, self-harm, initial encounter
'T385X2A'	Poisoning by oth estrogens and progestogens, self-harm, initial encounter
'T386X2A'	Poison by antigonadtr/antiestr/antiandrg, NEC, self-harm, initial encounter
'T387X2A'	Poison by androgens and anabolic congeners, self-harm, initial encounter
'T38802A'	Poison by unsp hormones and synthetic sub, self-harm, initial encounter
'T38812A'	Poisoning by anterior pituitary hormones, self-harm, initial encounter
'T38892A'	Poisoning by oth hormones and synthetic sub, self-harm, initial encounter
'T38902A'	Poisoning by unsp hormone antagonists, self-harm, initial encounter
'T38992A'	Poisoning by oth hormone antagonists, self-harm, initial encounter
'T39012A'	Poisoning by aspirin, intentional self-harm, initial encounter
'T39092A'	Poisoning by salicylates, intentional self-harm, initial encounter
'T391X2A'	Poisoning by 4-Aminophenol derivatives, self-harm, initial encounter
'T392X2A'	Poisoning by pyrazolone derivatives, self-harm, initial encounter
'T39312A'	Poisoning by propionic acid derivatives, self-harm, initial encounter
'T39392A'	Poison by oth nonsteroid anti-inflam drugs, self-harm, initial encounter
'T394X2A'	Poisoning by antirheumatics, NEC, self-harm, initial encounter

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T398X2A'	Poison by oth nonopio analges/antipyret, NEC, self-harm, init
'T3992XA'	Poison by unsp nonopi analgs/antipyr/antirheu, slf-hrm, init
'T405X2A'	Poisoning by cocaine, intentional self-harm, init encntr
'T407X2A'	Poisoning by cannabis (derivatives), self-harm, init
'T408X2A'	Poisoning by lysergide, intentional self-harm, init encntr
'T40902A'	Poisoning by unsp psychodysleptics, self-harm, init
'T40992A'	Poisoning by oth psychodysleptics, self-harm, init
'T410X2A'	Poisoning by inhaled anesthetics, self-harm, init
'T411X2A'	Poisoning by intravenous anesthetics, self-harm, init
'T41202A'	Poisoning by unsp general anesthetics, self-harm, init
'T41292A'	Poisoning by oth general anesthetics, self-harm, init
'T413X2A'	Poisoning by local anesthetics, intentional self-harm, init
'T4142XA'	Poisoning by unsp anesthetic, intentional self-harm, init
'T415X2A'	Poisoning by therapeutic gases, intentional self-harm, init
'T420X2A'	Poisoning by hydantoin derivatives, self-harm, init
'T421X2A'	Poisoning by iminostilbenes, intentional self-harm, init
'T422X2A'	Poison by succinimides and oxazolidinediones, self-harm, init
'T423X2A'	Poisoning by barbiturates, intentional self-harm, init
'T424X2A'	Poisoning by benzodiazepines, intentional self-harm, init
'T425X2A'	Poisoning by mixed antiepileptics, self-harm, init
'T426X2A'	Poison by oth antieplptc and sed-hypntc drugs, slf-hrm, init
'T4272XA'	Poison by unsp antieplptc and sed-hypntc drugs, slf-hrm, init
'T428X2A'	Poison by antiparkns drug/centr musc-tone depr, slf-hrm, init
'T43012A'	Poisoning by tricyclic antidepressants, self-harm, init
'T43022A'	Poisoning by tetracyclic antidepressants, self-harm, init
'T431X2A'	Poisoning by MAO inhib antidepressants, self-harm, init
'T43202A'	Poisoning by unsp antidepressants, self-harm, init
'T43212A'	Poison by slctv seroton/norepineph reup inhibtr, slf-hrm, init
'T43222A'	Poison by slctv serotonin reuptake inhibtr, self-harm, init
'T43292A'	Poisoning by oth antidepressants, self-harm, init
'T433X2A'	Poison by phenothiaz antipsychot/neurolept, self-harm, init
'T434X2A'	Poison by butyrophen/thiothixen neuroleptc, self-harm, init
'T43502A'	Poisoning by unsp antipsychot/neurolept, self-harm, init
'T43592A'	Poisoning by oth antipsychot/neurolept, self-harm, init
'T43602A'	Poisoning by unsp psychostimulants, self-harm, init
'T43612A'	Poisoning by caffeine, intentional self-harm, init encntr
'T43622A'	Poisoning by amphetamines, intentional self-harm, init
'T43632A'	Poisoning by methylphenidate, intentional self-harm, init
'T43692A'	Poisoning by oth psychostimulants, self-harm, init
'T438X2A'	Poisoning by oth psychotropic drugs, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T4392XA'	Poisoning by unsp psychotropic drug, self-harm, init
'T440X2A'	Poisoning by anticholinesterase agents, self-harm, init
'T441X2A'	Poisoning by oth parasympathomimetics, self-harm, init
'T442X2A'	Poisoning by ganglionic blocking drugs, self-harm, init
'T443X2A'	Poison by oth parasympath and spasmolytics, self-harm, init
'T444X2A'	Poison by predom alpha-adrenocpt agonists, self-harm, init
'T445X2A'	Poisoning by predom beta-adrenocpt agonists, self-harm, init
'T446X2A'	Poisoning by alpha-adrenocpt antagonists, self-harm, init
'T447X2A'	Poisoning by beta-adrenocpt antagonists, self-harm, init
'T448X2A'	Poison by centr-acting/adren-neurn-block agnt, slf-hrm, init
'T44902A'	Poison by unsp drugs aff the autonm nrv sys, slf-hrm, init
'T44992A'	Poison by oth drug aff the autonm nervous sys, slf-hrm, init
'T450X2A'	Poisoning by antiallerg/antiemetic, self-harm, init
'T451X2A'	Poisoning by antineopl and immunosup drugs, self-harm, init
'T452X2A'	Poisoning by vitamins, intentional self-harm, init encntr
'T453X2A'	Poisoning by enzymes, intentional self-harm, init encntr
'T454X2A'	Poisoning by iron and its compounds, self-harm, init
'T45512A'	Poisoning by anticoagulants, intentional self-harm, init
'T45522A'	Poisoning by antithrombotic drugs, self-harm, init
'T45602A'	Poisoning by unsp fibrin-affct drugs, self-harm, init
'T45612A'	Poisoning by thrombolytic drug, intentional self-harm, init
'T45622A'	Poisoning by hemostatic drug, intentional self-harm, init
'T45692A'	Poisoning by oth fibrin-affct drugs, self-harm, init
'T457X2A'	Poison by anticoag antag, vit K and oth coag, slf-hrm, init
'T458X2A'	Poison by oth prim sys and hematolog agents, slf-hrm, init
'T4592XA'	Poison by unsp prim sys and hematolog agent, slf-hrm, init
'T460X2A'	Poison by cardi-stim glycos/drug simlar act, self-harm, init
'T461X2A'	Poisoning by calcium-channel blockers, self-harm, init
'T462X2A'	Poisoning by oth antidysrhythmic drugs, self-harm, init
'T463X2A'	Poisoning by coronary vasodilators, self-harm, init
'T464X2A'	Poison by angiotens-convert-enzyme inhibtr, self-harm, init
'T465X2A'	Poisoning by oth antihypertensive drugs, self-harm, init
'T466X2A'	Poison by antihyperlip and antiarterio drugs, self-harm, init
'T467X2A'	Poisoning by peripheral vasodilators, self-harm, init
'T468X2A'	Poison by antivaric drugs, inc scler agents, self-harm, init
'T46902A'	Poison by unsp agents aff the cardiovasc sys, self-harm, init
'T46992A'	Poison by oth agents aff the cardiovasc sys, self-harm, init
'T470X2A'	Poisoning by histamine H2-receptor blockers, self-harm, init
'T471X2A'	Poison by oth antacids & anti-gstrc-sec drugs, slf-hrm, init
'T472X2A'	Poisoning by stimulant laxatives, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T473X2A'	Poisoning by saline and osmotic laxatives, self-harm, init
'T474X2A'	Poisoning by oth laxatives, intentional self-harm, init
'T475X2A'	Poisoning by digestants, intentional self-harm, init encntr
'T476X2A'	Poisoning by antidiarrheal drugs, self-harm, init
'T477X2A'	Poisoning by emetics, intentional self-harm, init encntr
'T478X2A'	Poisoning by oth agents aff GI sys, self-harm, init
'T4792XA'	Poisoning by unsp agents aff the GI sys, self-harm, init
'T480X2A'	Poisoning by oxytocic drugs, intentional self-harm, init
'T481X2A'	Poisoning by skeletal muscle relaxants, self-harm, init
'T48202A'	Poisoning by unsp drugs acting on muscles, self-harm, init
'T48292A'	Poisoning by oth drugs acting on muscles, self-harm, init
'T483X2A'	Poisoning by antitussives, intentional self-harm, init
'T484X2A'	Poisoning by expectorants, intentional self-harm, init
'T485X2A'	Poisoning by oth anti-common-cold drugs, self-harm, init
'T486X2A'	Poisoning by antiasthmatics, intentional self-harm, init
'T48902A'	Poison by unsp agents prim act on the resp sys, slf-hrm, init
'T48992A'	Poison by oth agents prim act on the resp sys, slf-hrm, init
'T490X2A'	Poison by local antifung/infect/inflam drugs, slf-hrm, init
'T491X2A'	Poisoning by antipruritics, intentional self-harm, init
'T492X2A'	Poisoning by local astringents/detergents, self-harm, init
'T493X2A'	Poison by emollients, demulcents and protect, self-harm, init
'T494X2A'	Poison by keratolyt/keratplst/hair trmt drug, self-harm, init
'T495X2A'	Poisoning by oph drugs and preparations, self-harm, init
'T496X2A'	Poisoning by otorhino drugs and prep, self-harm, init
'T497X2A'	Poison by dental drugs, topically applied, self-harm, init
'T498X2A'	Poisoning by oth topical agents, intentional self-harm, init
'T4992XA'	Poisoning by unsp topical agent, intentional self-harm, init
'T500X2A'	Poisoning by mineralocorticoids and antag, self-harm, init
'T501X2A'	Poisoning by loop diuretics, intentional self-harm, init
'T502X2A'	Poison by crbnc-anhydr inhibtr,benzo/oth diuretc,slf-hrm,init
'T503X2A'	Poison by electrolytic/caloric/wtr-bal agnt, self-harm, init
'T504X2A'	Poisoning by drugs aff uric acid metab, self-harm, init
'T505X2A'	Poisoning by appetite depressants, self-harm, init
'T506X2A'	Poisoning by antidotes and chelating agents, self-harm, init
'T507X2A'	Poison by analeptics and opioid receptor antag, slf-hrm, init
'T508X2A'	Poisoning by diagnostic agents, intentional self-harm, init
'T50902A'	Poisoning by unsp drug/meds/biol subst, self-harm, init
'T50992A'	Poisoning by oth drug/meds/biol subst, self-harm, init
'T50A12A'	Poison by pertuss vaccn, inc combin w pertuss, slf-hrm, init
'T50A22A'	Poison by mixed bact vaccines w/o a pertuss, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T50A92A'	Poisoning by oth bacterial vaccines, self-harm, init
'T50B12A'	Poisoning by smallpox vaccines, intentional self-harm, init
'T50B92A'	Poisoning by oth viral vaccines, intentional self-harm, init
'T50Z12A'	Poisoning by immunoglobulin, intentional self-harm, init
'T50Z92A'	Poisoning by oth vaccines and biolg substnc, self-harm, init
'T510X2A'	Toxic effect of ethanol, intentional self-harm, init encntr
'T511X2A'	Toxic effect of methanol, intentional self-harm, init encntr
'T512X2A'	Toxic effect of 2-Propanol, intentional self-harm, init
'T513X2A'	Toxic effect of fusel oil, intentional self-harm, init
'T518X2A'	Toxic effect of oth alcohols, intentional self-harm, init
'T5192XA'	Toxic effect of unsp alcohol, intentional self-harm, init
'T520X2A'	Toxic effect of petroleum products, self-harm, init
'T521X2A'	Toxic effect of benzene, intentional self-harm, init encntr
'T522X2A'	Toxic effect of homologues of benzene, self-harm, init
'T523X2A'	Toxic effect of glycols, intentional self-harm, init encntr
'T524X2A'	Toxic effect of ketones, intentional self-harm, init encntr
'T528X2A'	Toxic effect of organic solvents, self-harm, init
'T5292XA'	Toxic effect of unsp organic solvent, self-harm, init
'T530X2A'	Toxic effect of carbon tetrachloride, self-harm, init
'T531X2A'	Toxic effect of chloroform, intentional self-harm, init
'T532X2A'	Toxic effect of trichloroethylene, self-harm, init
'T533X2A'	Toxic effect of tetrachloroethylene, self-harm, init
'T534X2A'	Toxic effect of dichloromethane, intentional self-harm, init
'T535X2A'	Toxic effect of chlorofluorocarbons, self-harm, init
'T536X2A'	Tox eff of halgn deriv of aliphatic hydrocrb, slf-hrm, init
'T537X2A'	Toxic eff of halgn deriv of aromatic hydrocrb, slf-hrm, init
'T5392XA'	Tox eff of unsp halgn deriv of aromat hydrocrb,slf-hrm, init
'T540X2A'	Toxic effect of phenol and phenol homolog, self-harm, init
'T541X2A'	Toxic effect of corrosive organic compounds, self-harm, init
'T542X2A'	Tox eff of corrosv acids & acid-like substnc, slf-hrm, init
'T543X2A'	Tox eff of corrosv alkalis & alk-like substnc, slf-hrm, init
'T5492XA'	Toxic effect of unsp corrosive substance, self-harm, init
'T550X2A'	Toxic effect of soaps, intentional self-harm, init encntr
'T551X2A'	Toxic effect of detergents, intentional self-harm, init
'T560X2A'	Toxic effect of lead and its compounds, self-harm, init
'T561X2A'	Toxic effect of mercury and its compounds, self-harm, init
'T562X2A'	Toxic effect of chromium and its compounds, self-harm, init
'T563X2A'	Toxic effect of cadmium and its compounds, self-harm, init
'T564X2A'	Toxic effect of copper and its compounds, self-harm, init
'T565X2A'	Toxic effect of zinc and its compounds, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T566X2A'	Toxic effect of tin and its compounds, self-harm, init
'T567X2A'	Toxic effect of beryllium and its compounds, self-harm, init
'T56812A'	Toxic effect of thallium, intentional self-harm, init encntr
'T56892A'	Toxic effect of oth metals, intentional self-harm, init
'T5692XA'	Toxic effect of unsp metal, intentional self-harm, init
'T570X2A'	Toxic effect of arsenic and its compounds, self-harm, init
'T571X2A'	Toxic effect of phosphorus and its compnd, self-harm, init
'T572X2A'	Toxic effect of manganese and its compounds, self-harm, init
'T573X2A'	Toxic effect of hydrogen cyanide, self-harm, init
'T578X2A'	Toxic effect of inorganic substances, self-harm, init
'T5792XA'	Toxic effect of unsp inorganic substance, self-harm, init
'T5802XA'	Toxic eff of carb monx from mtr veh exhaust, slf-hrm, init
'T5812XA'	Toxic effect of carb monx from utility gas, self-harm, init
'T582X2A'	Tox eff of carb monx fr incmpl combst dmst fuel,slf-hrm,init
'T588X2A'	Toxic effect of carb monx from oth source, self-harm, init
'T5892XA'	Toxic effect of carb monx from unsp source, self-harm, init
'T590X2A'	Toxic effect of nitrogen oxides, intentional self-harm, init
'T591X2A'	Toxic effect of sulfur dioxide, intentional self-harm, init
'T592X2A'	Toxic effect of formaldehyde, intentional self-harm, init
'T593X2A'	Toxic effect of lacrimogenic gas, self-harm, init
'T594X2A'	Toxic effect of chlorine gas, intentional self-harm, init
'T595X2A'	Tox eff of fluorine gas and hydrogen fluoride, slf-hrm, init
'T596X2A'	Toxic effect of hydrogen sulfide, self-harm, init
'T597X2A'	Toxic effect of carbon dioxide, intentional self-harm, init
'T59812A'	Toxic effect of smoke, intentional self-harm, init encntr
'T59892A'	Toxic effect of gases, fumes and vapors, self-harm, init
'T5992XA'	Toxic effect of unsp gases, fumes and vapors, slf-hrm, init
'T600X2A'	Toxic eff of organophos and carbamate insect, slf-hrm, init
'T601X2A'	Toxic effect of halogenated insecticides, self-harm, init
'T602X2A'	Toxic effect of insecticides, intentional self-harm, init
'T603X2A'	Toxic effect of herbicides and fungicides, self-harm, init
'T604X2A'	Toxic effect of rodenticides, intentional self-harm, init
'T608X2A'	Toxic effect of oth pesticides, intentional self-harm, init
'T6092XA'	Toxic effect of unsp pesticide, intentional self-harm, init
'T6102XA'	Ciguatera fish poisoning, intentional self-harm, init encntr
'T6112XA'	Scombroid fish poisoning, intentional self-harm, init encntr
'T61772A'	Other fish poisoning, intentional self-harm, init encntr
'T61782A'	Oth shellfish poisoning, intentional self-harm, init encntr
'T618X2A'	Toxic effect of oth seafood, intentional self-harm, init
'T6192XA'	Toxic effect of unsp seafood, intentional self-harm, init



ICD-10-CM DIAGNOSIS	DESCRIPTION
'T620X2A'	Toxic effect of ingested mushrooms, self-harm, init
'T621X2A'	Toxic effect of ingested berries, self-harm, init
'T622X2A'	Toxic effect of ingested (parts of) plant(s), slf-hrm, init
'T628X2A'	Toxic effect of noxious substnc eaten as food, slf-hrm, init
'T6292XA'	Toxic eff of unsp noxious sub eaten as food, slf-hrm, init
'T63002A'	Toxic effect of unsp snake venom, self-harm, init
'T63012A'	Toxic effect of rattlesnake venom, self-harm, init
'T63022A'	Toxic effect of coral snake venom, self-harm, init
'T63032A'	Toxic effect of taipan venom, intentional self-harm, init
'T63042A'	Toxic effect of cobra venom, intentional self-harm, init
'T63062A'	Toxic effect of venom of N & S American snake, slf-hrm, init
'T63072A'	Toxic effect of venom of Australian snake, self-harm, init
'T63082A'	Toxic eff of venom of African and Asian snake, slf-hrm, init
'T63092A'	Toxic effect of venom of snake, intentional self-harm, init
'T63112A'	Toxic effect of venom of gila monster, self-harm, init
'T63122A'	Toxic effect of venom of venomous lizard, self-harm, init
'T63192A'	Toxic effect of venom of reptiles, self-harm, init
'T632X2A'	Toxic effect of venom of scorpion, self-harm, init
'T63302A'	Toxic effect of unsp spider venom, self-harm, init
'T63312A'	Toxic effect of venom of black widow spider, self-harm, init
'T63322A'	Toxic effect of venom of tarantula, self-harm, init
'T63332A'	Toxic effect of venom of brown recluse spider, slf-hrm, init
'T63392A'	Toxic effect of venom of spider, intentional self-harm, init
'T63412A'	Toxic effect of venom of centipede/millipede, slf-hrm, init
'T63422A'	Toxic effect of venom of ants, intentional self-harm, init
'T63432A'	Toxic effect of venom of caterpillars, self-harm, init
'T63442A'	Toxic effect of venom of bees, intentional self-harm, init
'T63452A'	Toxic effect of venom of hornets, self-harm, init
'T63462A'	Toxic effect of venom of wasps, intentional self-harm, init
'T63482A'	Toxic effect of venom of arthropod, self-harm, init
'T63512A'	Toxic effect of contact w stingray, self-harm, init
'T63592A'	Toxic effect of contact w oth venomous fish, self-harm, init
'T63612A'	Toxic effect of contact w Portuguese Man-o-war, slf-hrm, init
'T63622A'	Toxic effect of contact w oth jellyfish, self-harm, init
'T63632A'	Toxic effect of contact w sea anemone, self-harm, init
'T63692A'	Toxic eff of cntct w oth venom marine animals, slf-hrm, init
'T63712A'	Toxic effect of contact w venom marine plant, slf-hrm, init
'T63792A'	Toxic effect of contact w oth venomous plant, slf-hrm, init
'T63812A'	Toxic effect of contact w venomous frog, self-harm, init
'T63822A'	Toxic effect of contact w venomous toad, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T63832A'	Toxic effect of contact w oth venomous amphib, slf-hrm, init
'T63892A'	Toxic effect of contact w oth venom animals, slf-hrm, init
'T6392XA'	Toxic effect of contact w unsp venom animal, slf-hrm, init
'T6402XA'	Toxic effect of aflatoxin, intentional self-harm, init
'T6482XA'	Toxic effect of mycotoxin food contaminants, self-harm, init
'T650X2A'	Toxic effect of cyanides, intentional self-harm, init encntr
'T651X2A'	Toxic effect of strychnine and its salts, self-harm, init
'T65212A'	Toxic effect of chewing tobacco, intentional self-harm, init
'T65222A'	Toxic effect of tobacco cigarettes, self-harm, init
'T65292A'	Toxic effect of tobacco and nicotine, self-harm, init
'T653X2A'	Tox eff of nitrodrv/aminodrv of benzn/homolog, slf-hrm, init
'T654X2A'	Toxic effect of carbon disulfide, self-harm, init
'T655X2A'	Tox eff of nitro & oth nitric acids & esters, slf-hrm, init
'T656X2A'	Toxic effect of paints and dyes, NEC, self-harm, init
'T65812A'	Toxic effect of latex, intentional self-harm, init encntr
'T65822A'	Toxic eff of harmful algae and algae toxins, slf-hrm, init
'T65832A'	Toxic effect of fiberglass, intentional self-harm, init
'T65892A'	Toxic effect of oth substances, intentional self-harm, init
'T6592XA'	Toxic effect of unsp substance, intentional self-harm, init
'T71112A'	Asphyxiation due to smothering under pillow, self-harm, init
'T71122A'	Asphyxiation due to plastic bag, intentional self-harm, init
'T71132A'	Asphyx due to being trapped in bed linens, self-harm, init
'T71152A'	Asphyxiation due to smothering in furniture, self-harm, init
'T71162A'	Asphyxiation due to hanging, intentional self-harm, init
'T71192A'	Asphyx d/t mech thrt to breathe d/t oth cause, slf-hrm, init
'T71222A'	Asphyx due to being trapped in a car trunk, self-harm, init
'T71232A'	Asphyx d/t being trap in a (discarded) refrig, slf-hrm, init
'X710XXA'	Intentional self-harm by drown while in bathtub, init
'X711XXA'	Intentional self-harm by drown while in swimming pool, init
'X712XXA'	Self-harm by drown after jump into swimming pool, init
'X713XXA'	Intentional self-harm by drown in natural water, init
'X718XXA'	Oth intentional self-harm by drowning and submersion, init
'X719XXA'	Intentional self-harm by drowning and submersion, unsp, init
'X72XXXA'	Intentional self-harm by handgun discharge, init encntr
'X730XXA'	Intentional self-harm by shotgun discharge, init encntr
'X731XXA'	Intentional self-harm by hunting rifle discharge, init
'X732XXA'	Intentional self-harm by machine gun discharge, init encntr
'X738XXA'	Intentional self-harm by oth larger firearm discharge, init
'X739XXA'	Intentional self-harm by unsp larger firearm discharge, init
'X7401XA'	Intentional self-harm by airgun, initial encounter

ICD-10-CM DIAGNOSIS	DESCRIPTION
'X7402XA'	Intentional self-harm by paintball gun, initial encounter
'X7409XA'	Self-harm by oth gas, air or spring-operated gun, init
'X748XXA'	Intentional self-harm by oth firearm discharge, init encntr
'X749XXA'	Intentional self-harm by unsp firearm discharge, init encntr
'X75XXXA'	Intentional self-harm by explosive material, init encntr
'X76XXXA'	Intentional self-harm by smoke, fire and flames, init encntr
'X770XXA'	Intentional self-harm by steam or hot vapors, init encntr
'X771XXA'	Intentional self-harm by hot tap water, initial encounter
'X772XXA'	Intentional self-harm by other hot fluids, initial encounter
'X773XXA'	Intentional self-harm by hot household appliances, init
'X778XXA'	Intentional self-harm by other hot objects, init encntr
'X779XXA'	Intentional self-harm by unsp hot objects, init encntr
'X780XXA'	Intentional self-harm by sharp glass, initial encounter
'X781XXA'	Intentional self-harm by knife, initial encounter
'X782XXA'	Intentional self-harm by sword or dagger, initial encounter
'X788XXA'	Intentional self-harm by other sharp object, init encntr
'X789XXA'	Intentional self-harm by unsp sharp object, init encntr
'X79XXXA'	Intentional self-harm by blunt object, initial encounter
'X80XXXA'	Intentional self-harm by jumping from a high place, init
'X810XXA'	Self-harm by jumping or lying in front of mtr veh, init
'X811XXA'	Slf-hrm by jumping or lying in front of (subway) train, init
'X818XXA'	Slf-hrm by jumping or lying in front of moving object, init
'X820XXA'	Intentional collision of motor vehicle w mtr veh, init
'X821XXA'	Intentional collision of motor vehicle w train, init encntr
'X822XXA'	Intentional collision of motor vehicle w tree, init encntr
'X828XXA'	Oth intentional self-harm by crashing of motor vehicle, init
'X830XXA'	Intentional self-harm by crashing of aircraft, init encntr
'X831XXA'	Intentional self-harm by electrocution, initial encounter
'X832XXA'	Intentional self-harm by exposure to extremes of cold, init
'X838XXA'	Intentional self-harm by other specified means, init encntr
'F59'	Unsp behavrl synd assoc w physiol disturb and physcl factors
'F988'	Oth behav/emotn disord w onset usly occur in chldhd and adol
'F989'	Unsp behav/emotn disord w onst usly occur in chldhd and adol
'R452'	Unhappiness
'R453'	Demoralization and apathy
'R454'	Irritability and anger
'R455'	Hostility
'R456'	Violent behavior
'R457'	State of emotional shock and stress, unspecified
'R4581'	Low self-esteem

ICD-10-CM DIAGNOSIS	DESCRIPTION
'R4582'	Worries
'R4583'	Excessive crying of child, adolescent or adult
'R4584'	Anhedonia
'R4586'	Emotional lability
'R4589'	Other symptoms and signs involving emotional state
'R460'	Very low level of personal hygiene
'R461'	Bizarre personal appearance
'R462'	Strange and inexplicable behavior
'R463'	Overactivity
'R464'	Slowness and poor responsiveness
'R465'	Suspiciousness and marked evasiveness
'R467'	Verbosity and circumstantial detail obscuring rsn for cntct
'R4689'	Other symptoms and signs involving appearance and behavior
'F430'	Acute stress reaction
'F4310'	Post-traumatic stress disorder, unspecified
'F4320'	Adjustment disorder, unspecified
'F4321'	Adjustment disorder with depressed mood
'F4322'	Adjustment disorder with anxiety
'F4323'	Adjustment disorder with mixed anxiety and depressed mood
'F4324'	Adjustment disorder with disturbance of conduct
'F4325'	Adjustment disorder w mixed disturb of emotions and conduct
'F4329'	Adjustment disorder with other symptoms
'F438'	Other reactions to severe stress
'F439'	Reaction to severe stress, unspecified
'F941'	Reactive attachment disorder of childhood
'F942'	Disinhibited attachment disorder of childhood

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> accessed 07Sep2022).

**Measure ID:** 050301023

**Measure Title:** Emergency department visits with a principal diagnosis related to substance use disorder 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 to 2019

Population characteristics: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region

**Data Source:** 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). Observed (un-adjusted) rates are reported. ICD-10-CM diagnosis codes related to substance use include the following:

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F1010'	Alcohol abuse, uncomplicated
'F10120'	Alcohol abuse with intoxication, uncomplicated
'F10121'	Alcohol abuse with intoxication delirium
'F10129'	Alcohol abuse with intoxication, unspecified
'F1014'	Alcohol abuse with alcohol-induced mood disorder
'F10150'	Alcohol abuse w alcoh-induce psychotic disorder w delusions
'F10151'	Alcohol abuse w alcoh-induce psychotic disorder w hallucin
'F10159'	Alcohol abuse with alcohol-induced psychotic disorder, unsp
'F10180'	Alcohol abuse with alcohol-induced anxiety disorder
'F10181'	Alcohol abuse with alcohol-induced sexual dysfunction
'F10182'	Alcohol abuse with alcohol-induced sleep disorder
'F10188'	Alcohol abuse with other alcohol-induced disorder
'F1019'	Alcohol abuse with unspecified alcohol-induced disorder
'F1020'	Alcohol dependence, uncomplicated
'F10220'	Alcohol dependence with intoxication, uncomplicated
'F10221'	Alcohol dependence with intoxication delirium
'F10229'	Alcohol dependence with intoxication, unspecified
'F10230'	Alcohol dependence with withdrawal, uncomplicated
'F10231'	Alcohol dependence with withdrawal delirium

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F10232'	Alcohol dependence w withdrawal with perceptual disturbance
'F10239'	Alcohol dependence with withdrawal, unspecified
'F1024'	Alcohol dependence with alcohol-induced mood disorder
'F10250'	Alcohol depend w alcoh-induce psychotic disorder w delusions
'F10251'	Alcohol depend w alcoh-induce psychotic disorder w hallucin
'F10259'	Alcohol dependence w alcoh-induce psychotic disorder, unsp
'F1026'	Alcohol depend w alcoh-induce persisting amnestic disorder
'F1027'	Alcohol dependence with alcohol-induced persisting dementia
'F10280'	Alcohol dependence with alcohol-induced anxiety disorder
'F10281'	Alcohol dependence with alcohol-induced sexual dysfunction
'F10282'	Alcohol dependence with alcohol-induced sleep disorder
'F10288'	Alcohol dependence with other alcohol-induced disorder
'F1029'	Alcohol dependence with unspecified alcohol-induced disorder
'F10920'	Alcohol use, unspecified with intoxication, uncomplicated
'F10921'	Alcohol use, unspecified with intoxication delirium
'F10929'	Alcohol use, unspecified with intoxication, unspecified
'F1094'	Alcohol use, unspecified with alcohol-induced mood disorder
'F10950'	Alcohol use, unsp w alcoh-induce psych disorder w delusions
'F10951'	Alcohol use, unsp w alcoh-induce psych disorder w hallucin
'F10959'	Alcohol use, unsp w alcohol-induced psychotic disorder, unsp
'F1096'	Alcohol use, unsp w alcoh-induce persist amnestic disorder
'F1097'	Alcohol use, unsp with alcohol-induced persisting dementia
'F10980'	Alcohol use, unsp with alcohol-induced anxiety disorder
'F10981'	Alcohol use, unsp with alcohol-induced sexual dysfunction
'F10982'	Alcohol use, unspecified with alcohol-induced sleep disorder
'F10988'	Alcohol use, unspecified with other alcohol-induced disorder
'F1099'	Alcohol use, unsp with unspecified alcohol-induced disorder
'G621'	Alcoholic polyneuropathy
'I426'	Alcoholic cardiomyopathy
'K2920'	Alcoholic gastritis without bleeding
'K2921'	Alcoholic gastritis with bleeding
'K700'	Alcoholic fatty liver
'K7010'	Alcoholic hepatitis without ascites
'K7011'	Alcoholic hepatitis with ascites
'K702'	Alcoholic fibrosis and sclerosis of liver
'K7030'	Alcoholic cirrhosis of liver without ascites
'K7031'	Alcoholic cirrhosis of liver with ascites
'K7040'	Alcoholic hepatic failure without coma
'K709'	Alcoholic liver disease, unspecified
'O99310'	Alcohol use complicating pregnancy, unspecified trimester

ICD-10-CM DIAGNOSIS	DESCRIPTION
'O99311'	Alcohol use complicating pregnancy, first trimester
'O99312'	Alcohol use complicating pregnancy, second trimester
'O99313'	Alcohol use complicating pregnancy, third trimester
'O99314'	Alcohol use complicating childbirth
'O99315'	Alcohol use complicating the puerperium
'P043'	Newborn affected by maternal use of alcohol
'Q860'	Fetal alcohol syndrome (dysmorphic)
'F1210'	Cannabis abuse, uncomplicated
'F12120'	Cannabis abuse with intoxication, uncomplicated
'F12121'	Cannabis abuse with intoxication delirium
'F12122'	Cannabis abuse with intoxication with perceptual disturbance
'F12129'	Cannabis abuse with intoxication, unspecified
'F12150'	Cannabis abuse with psychotic disorder with delusions
'F12151'	Cannabis abuse with psychotic disorder with hallucinations
'F12159'	Cannabis abuse with psychotic disorder, unspecified
'F12180'	Cannabis abuse with cannabis-induced anxiety disorder
'F12188'	Cannabis abuse with other cannabis-induced disorder
'F1219'	Cannabis abuse with unspecified cannabis-induced disorder
'F1220'	Cannabis dependence, uncomplicated
'F12220'	Cannabis dependence with intoxication, uncomplicated
'F12221'	Cannabis dependence with intoxication delirium
'F12222'	Cannabis dependence w intoxication w perceptual disturbance
'F12229'	Cannabis dependence with intoxication, unspecified
'F12250'	Cannabis dependence with psychotic disorder with delusions
'F12251'	Cannabis dependence w psychotic disorder with hallucinations
'F12259'	Cannabis dependence with psychotic disorder, unspecified
'F12280'	Cannabis dependence with cannabis-induced anxiety disorder
'F12288'	Cannabis dependence with other cannabis-induced disorder
'F1229'	Cannabis dependence with unsp cannabis-induced disorder
'F1290'	Cannabis use, unspecified, uncomplicated
'F12920'	Cannabis use, unspecified with intoxication, uncomplicated
'F12921'	Cannabis use, unspecified with intoxication delirium
'F12922'	Cannabis use, unsp w intoxication w perceptual disturbance
'F12929'	Cannabis use, unspecified with intoxication, unspecified
'F12950'	Cannabis use, unsp with psychotic disorder with delusions
'F12951'	Cannabis use, unsp w psychotic disorder with hallucinations
'F12959'	Cannabis use, unsp with psychotic disorder, unspecified
'F12980'	Cannabis use, unspecified with anxiety disorder
'F12988'	Cannabis use, unsp with other cannabis-induced disorder
'F1299'	Cannabis use, unsp with unsp cannabis-induced disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T407X1A'	Poisoning by cannabis (derivatives), accidental, init
'T407X3A'	Poisoning by cannabis (derivatives), assault, init encntr
'T407X4A'	Poisoning by cannabis (derivatives), undetermined, init
'T407X5A'	Adverse effect of cannabis (derivatives), initial encounter
'F1610'	Hallucinogen abuse, uncomplicated
'F16120'	Hallucinogen abuse with intoxication, uncomplicated
'F16121'	Hallucinogen abuse with intoxication with delirium
'F16122'	Hallucinogen abuse w intoxication w perceptual disturbance
'F16129'	Hallucinogen abuse with intoxication, unspecified
'F1614'	Hallucinogen abuse with hallucinogen-induced mood disorder
'F16150'	Hallucinogen abuse w psychotic disorder w delusions
'F16151'	Hallucinogen abuse w psychotic disorder w hallucinations
'F16159'	Hallucinogen abuse w psychotic disorder, unsp
'F16180'	Hallucinogen abuse w hallucinogen-induced anxiety disorder
'F16183'	Hallucign abuse w hallucign persisting perception disorder
'F16188'	Hallucinogen abuse with other hallucinogen-induced disorder
'F1619'	Hallucinogen abuse with unsp hallucinogen-induced disorder
'F1620'	Hallucinogen dependence, uncomplicated
'F16220'	Hallucinogen dependence with intoxication, uncomplicated
'F16221'	Hallucinogen dependence with intoxication with delirium
'F16229'	Hallucinogen dependence with intoxication, unspecified
'F1624'	Hallucinogen dependence w hallucinogen-induced mood disorder
'F16250'	Hallucinogen dependence w psychotic disorder w delusions
'F16251'	Hallucinogen dependence w psychotic disorder w hallucin
'F16259'	Hallucinogen dependence w psychotic disorder, unsp
'F16280'	Hallucinogen dependence w anxiety disorder
'F16283'	Hallucign depend w hallucign persisting perception disorder
'F16288'	Hallucinogen dependence w oth hallucinogen-induced disorder
'F1629'	Hallucinogen dependence w unsp hallucinogen-induced disorder
'F1690'	Hallucinogen use, unspecified, uncomplicated
'F16920'	Hallucinogen use, unsp with intoxication, uncomplicated
'F16921'	Hallucinogen use, unsp with intoxication with delirium
'F16929'	Hallucinogen use, unspecified with intoxication, unspecified
'F1694'	Hallucinogen use, unsp w hallucinogen-induced mood disorder
'F16950'	Hallucinogen use, unsp w psychotic disorder w delusions
'F16951'	Hallucinogen use, unsp w psychotic disorder w hallucinations
'F16959'	Hallucinogen use, unsp w psychotic disorder, unsp
'F16980'	Hallucinogen use, unsp w anxiety disorder
'F16983'	Hallucign use, unsp w hallucign persist perception disorder
'F16988'	Hallucinogen use, unsp w oth hallucinogen-induced disorder



ICD-10-CM DIAGNOSIS	DESCRIPTION
'F1699'	Hallucinogen use, unsp w unsp hallucinogen-induced disorder
'T408X1A'	Poisoning by lysergide, accidental (unintentional), init
'T408X3A'	Poisoning by lysergide [LSD], assault, initial encounter
'T408X4A'	Poisoning by lysergide, undetermined, initial encounter
'T408X5A'	Adverse effect of lysergide [LSD] initial encounter
'T40901A'	Poisoning by unsp psychodyslept, accidental, init
'T40903A'	Poisoning by unsp psychodysleptics, assault, init encntr
'T40904A'	Poisoning by unsp psychodysleptics, undetermined, init
'T40905A'	Adverse effect of unspecified psychodysleptics, init encntr
'T40991A'	Poisoning by oth psychodyslept, accidental, init
'T40993A'	Poisoning by other psychodysleptics, assault, init encntr
'T40994A'	Poisoning by oth psychodysleptics, undetermined, init encntr
'T40995A'	Adverse effect of other psychodysleptics, initial encounter
'F1810'	Inhalant abuse, uncomplicated
'F18120'	Inhalant abuse with intoxication, uncomplicated
'F18121'	Inhalant abuse with intoxication delirium
'F18129'	Inhalant abuse with intoxication, unspecified
'F1814'	Inhalant abuse with inhalant-induced mood disorder
'F18150'	Inhalant abuse w inhalnt-induce psych disorder w delusions
'F18151'	Inhalant abuse w inhalnt-induce psych disorder w hallucin
'F18159'	Inhalant abuse w inhalant-induced psychotic disorder, unsp
'F1817'	Inhalant abuse with inhalant-induced dementia
'F18180'	Inhalant abuse with inhalant-induced anxiety disorder
'F18188'	Inhalant abuse with other inhalant-induced disorder
'F1819'	Inhalant abuse with unspecified inhalant-induced disorder
'F1820'	Inhalant dependence, uncomplicated
'F18220'	Inhalant dependence with intoxication, uncomplicated
'F18221'	Inhalant dependence with intoxication delirium
'F18229'	Inhalant dependence with intoxication, unspecified
'F1824'	Inhalant dependence with inhalant-induced mood disorder
'F18250'	Inhalant depend w inhalnt-induce psych disorder w delusions
'F18251'	Inhalant depend w inhalnt-induce psych disorder w hallucin
'F18259'	Inhalant depend w inhalnt-induce psychotic disorder, unsp
'F1827'	Inhalant dependence with inhalant-induced dementia
'F18280'	Inhalant dependence with inhalant-induced anxiety disorder
'F18288'	Inhalant dependence with other inhalant-induced disorder
'F1829'	Inhalant dependence with unsp inhalant-induced disorder
'F1890'	Inhalant use, unspecified, uncomplicated
'F18920'	Inhalant use, unspecified with intoxication, uncomplicated
'F18921'	Inhalant use, unspecified with intoxication with delirium

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F18929'	Inhalant use, unspecified with intoxication, unspecified
'F1894'	Inhalant use, unsp with inhalant-induced mood disorder
'F18950'	Inhalant use, unsp w inhalnt-induce psych disord w delusions
'F18951'	Inhalant use, unsp w inhalnt-induce psych disord w hallucin
'F18959'	Inhalant use, unsp w inhalnt-induce psychotic disorder, unsp
'F1897'	Inhalant use, unsp with inhalant-induced persisting dementia
'F18980'	Inhalant use, unsp with inhalant-induced anxiety disorder
'F18988'	Inhalant use, unsp with other inhalant-induced disorder
'F1899'	Inhalant use, unsp with unsp inhalant-induced disorder
'F1110'	Opioid abuse, uncomplicated
'F11120'	Opioid abuse with intoxication, uncomplicated
'F11121'	Opioid abuse with intoxication delirium
'F11122'	Opioid abuse with intoxication with perceptual disturbance
'F11129'	Opioid abuse with intoxication, unspecified
'F1114'	Opioid abuse with opioid-induced mood disorder
'F11150'	Opioid abuse w opioid-induced psychotic disorder w delusions
'F11151'	Opioid abuse w opioid-induced psychotic disorder w hallucin
'F11159'	Opioid abuse with opioid-induced psychotic disorder, unsp
'F11181'	Opioid abuse with opioid-induced sexual dysfunction
'F11182'	Opioid abuse with opioid-induced sleep disorder
'F11188'	Opioid abuse with other opioid-induced disorder
'F1119'	Opioid abuse with unspecified opioid-induced disorder
'F1120'	Opioid dependence, uncomplicated
'F11220'	Opioid dependence with intoxication, uncomplicated
'F11221'	Opioid dependence with intoxication delirium
'F11222'	Opioid dependence w intoxication with perceptual disturbance
'F11229'	Opioid dependence with intoxication, unspecified
'F1123'	Opioid dependence with withdrawal
'F1124'	Opioid dependence with opioid-induced mood disorder
'F11250'	Opioid depend w opioid-induc psychotic disorder w delusions
'F11251'	Opioid depend w opioid-induc psychotic disorder w hallucin
'F11259'	Opioid dependence w opioid-induced psychotic disorder, unsp
'F11281'	Opioid dependence with opioid-induced sexual dysfunction
'F11282'	Opioid dependence with opioid-induced sleep disorder
'F11288'	Opioid dependence with other opioid-induced disorder
'F1129'	Opioid dependence with unspecified opioid-induced disorder
'F1190'	Opioid use, unspecified, uncomplicated
'F11920'	Opioid use, unspecified with intoxication, uncomplicated
'F11921'	Opioid use, unspecified with intoxication delirium
'F11922'	Opioid use, unsp w intoxication with perceptual disturbance

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F11929'	Opioid use, unspecified with intoxication, unspecified
'F1193'	Opioid use, unspecified with withdrawal
'F1194'	Opioid use, unspecified with opioid-induced mood disorder
'F11950'	Opioid use, unsp w opioid-induc psych disorder w delusions
'F11951'	Opioid use, unsp w opioid-induc psych disorder w hallucin
'F11959'	Opioid use, unsp w opioid-induced psychotic disorder, unsp
'F11981'	Opioid use, unsp with opioid-induced sexual dysfunction
'F11982'	Opioid use, unspecified with opioid-induced sleep disorder
'F11988'	Opioid use, unspecified with other opioid-induced disorder
'F1199'	Opioid use, unsp with unspecified opioid-induced disorder
'P961'	Neonatal w/drowal symp from matern use of drugs of addiction
'T400X1A'	Poisoning by opium, accidental (unintentional), init encntr
'T400X2A'	Poisoning by opium, intentional self-harm, initial encounter
'T400X3A'	Poisoning by opium, assault, initial encounter
'T400X4A'	Poisoning by opium, undetermined, initial encounter
'T400X5A'	Adverse effect of opium, initial encounter
'T401X1A'	Poisoning by heroin, accidental (unintentional), init encntr
'T401X2A'	Poisoning by heroin, intentional self-harm, init encntr
'T401X3A'	Poisoning by heroin, assault, initial encounter
'T401X4A'	Poisoning by heroin, undetermined, initial encounter
'T401X5A'	Adverse effect of heroin initial encounter
'T402X2A'	Poisoning by oth opioids, intentional self-harm, init encntr
'T403X2A'	Poisoning by methadone, intentional self-harm, init encntr
'T404X2A'	Poisoning by oth synthetic narcotics, self-harm, init
'T40602A'	Poisoning by unsp narcotics, intentional self-harm, init
'T40692A'	Poisoning by oth narcotics, intentional self-harm, init
'F1910'	Other psychoactive substance abuse, uncomplicated
'F19120'	Oth psychoactive substance abuse w intoxication, uncomp
'F19121'	Oth psychoactive substance abuse with intoxication delirium
'F19122'	Oth psychoactv substance abuse w intox w perceptual disturb
'F19129'	Other psychoactive substance abuse with intoxication, unsp
'F1914'	Oth psychoactive substance abuse w mood disorder
'F19150'	Oth psychoactv substance abuse w psych disorder w delusions
'F19151'	Oth psychoactv substance abuse w psych disorder w hallucin
'F19159'	Oth psychoactive substance abuse w psychotic disorder, unsp
'F1916'	Oth psychoactv substance abuse w persist amnestic disorder
'F1917'	Oth psychoactive substance abuse w persisting dementia
'F19180'	Oth psychoactive substance abuse w anxiety disorder
'F19181'	Oth psychoactive substance abuse w sexual dysfunction
'F19182'	Oth psychoactive substance abuse w sleep disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F19188'	Oth psychoactive substance abuse w oth disorder
'F1919'	Oth psychoactive substance abuse w unsp disorder
'F1920'	Other psychoactive substance dependence, uncomplicated
'F19220'	Oth psychoactive substance dependence w intoxication, uncomp
'F19221'	Oth psychoactive substance dependence w intox delirium
'F19222'	Oth psychoactv substance depend w intox w perceptual disturb
'F19229'	Oth psychoactive substance dependence w intoxication, unsp
'F19230'	Oth psychoactive substance dependence w withdrawal, uncomp
'F19231'	Oth psychoactive substance dependence w withdrawal delirium
'F19232'	Oth psychoactv sub depend w w/drawal w perceptl disturb
'F19239'	Oth psychoactive substance dependence with withdrawal, unsp
'F1924'	Oth psychoactive substance dependence w mood disorder
'F19250'	Oth psychoactv substance depend w psych disorder w delusions
'F19251'	Oth psychoactv substance depend w psych disorder w hallucin
'F19259'	Oth psychoactv substance depend w psychotic disorder, unsp
'F1926'	Oth psychoactv substance depend w persist amnestic disorder
'F1927'	Oth psychoactive substance dependence w persisting dementia
'F19280'	Oth psychoactive substance dependence w anxiety disorder
'F19281'	Oth psychoactive substance dependence w sexual dysfunction
'F19282'	Oth psychoactive substance dependence w sleep disorder
'F19288'	Oth psychoactive substance dependence w oth disorder
'F1929'	Oth psychoactive substance dependence w unsp disorder
'F1990'	Other psychoactive substance use, unspecified, uncomplicated
'F19920'	Oth psychoactive substance use, unsp w intoxication, uncomp
'F19921'	Oth psychoactive substance use, unsp w intox w delirium
'F19922'	Oth psychoactv sub use, unsp w intox w perceptl disturb
'F19929'	Oth psychoactive substance use, unsp with intoxication, unsp
'F19930'	Oth psychoactive substance use, unsp w withdrawal, uncomp
'F19931'	Oth psychoactive substance use, unsp w withdrawal delirium
'F19932'	Oth psychoactv sub use, unsp w w/drawal w perceptl disturb
'F19939'	Other psychoactive substance use, unsp with withdrawal, unsp
'F1994'	Oth psychoactive substance use, unsp w mood disorder
'F19950'	Oth psychoactv sub use, unsp w psych disorder w delusions
'F19951'	Oth psychoactv sub use, unsp w psych disorder w hallucin
'F19959'	Oth psychoactv substance use, unsp w psych disorder, unsp
'F1996'	Oth psychoactv sub use, unsp w persist amnestic disorder
'F1997'	Oth psychoactive substance use, unsp w persisting dementia
'F19980'	Oth psychoactive substance use, unsp w anxiety disorder
'F19981'	Oth psychoactive substance use, unsp w sexual dysfunction
'F19982'	Oth psychoactive substance use, unsp w sleep disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F19988'	Oth psychoactive substance use, unsp w oth disorder
'F1999'	Oth psychoactive substance use, unsp w unsp disorder
'F550'	Abuse of antacids
'F551'	Abuse of herbal or folk remedies
'F552'	Abuse of laxatives
'F553'	Abuse of steroids or hormones
'F554'	Abuse of vitamins
'F558'	Abuse of other non-psychoactive substances
'F630'	Pathological gambling
'O355XX0'	Maternal care for (suspected) damage to fetus by drugs, unsp
'O355XX1'	Maternal care for damage to fetus by drugs, fetus 1
'O355XX2'	Maternal care for damage to fetus by drugs, fetus 2
'O355XX3'	Maternal care for damage to fetus by drugs, fetus 3
'O355XX4'	Maternal care for damage to fetus by drugs, fetus 4
'O355XX5'	Maternal care for damage to fetus by drugs, fetus 5
'O355XX9'	Maternal care for (suspected) damage to fetus by drugs, oth
'O99320'	Drug use complicating pregnancy, unspecified trimester
'O99321'	Drug use complicating pregnancy, first trimester
'O99322'	Drug use complicating pregnancy, second trimester
'O99323'	Drug use complicating pregnancy, third trimester
'O99324'	Drug use complicating childbirth
'O99325'	Drug use complicating the puerperium
'P0449'	Newborn affected by maternal use of other drugs of addiction
'P962'	Withdrawal symptoms from therapeutic use of drugs in newborn
'F1310'	Sedative, hypnotic or anxiolytic abuse, uncomplicated
'F13120'	Sedatv/hyp/anxiolytc abuse w intoxication, uncomplicated
'F13121'	Sedatv/hyp/anxiolytc abuse w intoxication delirium
'F13129'	Sedative, hypnotic or anxiolytic abuse w intoxication, unsp
'F1314'	Sedative, hypnotic or anxiolytic abuse w mood disorder
'F13150'	Sedatv/hyp/anxiolytc abuse w psychotic disorder w delusions
'F13151'	Sedatv/hyp/anxiolytc abuse w psychotic disorder w hallucin
'F13159'	Sedatv/hyp/anxiolytc abuse w psychotic disorder, unsp
'F13180'	Sedative, hypnotic or anxiolytic abuse w anxiety disorder
'F13181'	Sedative, hypnotic or anxiolytic abuse w sexual dysfunction
'F13182'	Sedative, hypnotic or anxiolytic abuse w sleep disorder
'F13188'	Sedative, hypnotic or anxiolytic abuse w oth disorder
'F1319'	Sedative, hypnotic or anxiolytic abuse w unsp disorder
'F1320'	Sedative, hypnotic or anxiolytic dependence, uncomplicated
'F13220'	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp
'F13221'	Sedatv/hyp/anxiolytc dependence w intoxication delirium

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F13229'	Sedativ/hyp/anxiolytic dependence with intoxication, unspecified
'F13230'	Sedativ/hyp/anxiolytic dependence with withdrawal, uncomplicated
'F13231'	Sedativ/hyp/anxiolytic dependence with withdrawal delirium
'F13232'	Sedativ/hyp/anxiolytic dependence with withdrawal with perceptual disturbance
'F13239'	Sedativ/hyp/anxiolytic dependence with withdrawal, unspecified
'F1324'	Sedative, hypnotic or anxiolytic dependence with mood disorder
'F13250'	Sedativ/hyp/anxiolytic dependence with psychotic disorder with delusions
'F13251'	Sedativ/hyp/anxiolytic dependence with psychotic disorder with hallucinations
'F13259'	Sedativ/hyp/anxiolytic dependence with psychotic disorder, unspecified
'F1326'	Sedativ/hyp/anxiolytic dependence with persisting amnesic disorder
'F1327'	Sedativ/hyp/anxiolytic dependence with persisting dementia
'F13280'	Sedativ/hyp/anxiolytic dependence with anxiety disorder
'F13281'	Sedativ/hyp/anxiolytic dependence with sexual dysfunction
'F13282'	Sedative, hypnotic or anxiolytic dependence with sleep disorder
'F13288'	Sedative, hypnotic or anxiolytic dependence with other disorder
'F1329'	Sedative, hypnotic or anxiolytic dependence with unspecified disorder
'F1390'	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
'F13920'	Sedativ/hyp/anxiolytic use, unspecified with intoxication, uncomplicated
'F13921'	Sedativ/hyp/anxiolytic use, unspecified with intoxication delirium
'F13929'	Sedativ/hyp/anxiolytic use, unspecified with intoxication, unspecified
'F13930'	Sedativ/hyp/anxiolytic use, unspecified with withdrawal, uncomplicated
'F13931'	Sedativ/hyp/anxiolytic use, unspecified with withdrawal delirium
'F13932'	Sedativ/hyp/anxiolytic use, unspecified with withdrawal with perceptual disturbance
'F13939'	Sedativ/hyp/anxiolytic use, unspecified with withdrawal, unspecified
'F1394'	Sedative, hypnotic or anxiolytic use, unspecified with mood disorder
'F13950'	Sedativ/hyp/anxiolytic use, unspecified with psychotic disorder with delusions
'F13951'	Sedativ/hyp/anxiolytic use, unspecified with psychotic disorder with hallucinations
'F13959'	Sedativ/hyp/anxiolytic use, unspecified with psychotic disorder, unspecified
'F1396'	Sedativ/hyp/anxiolytic use, unspecified with persisting amnesic disorder
'F1397'	Sedativ/hyp/anxiolytic use, unspecified with persisting dementia
'F13980'	Sedativ/hyp/anxiolytic use, unspecified with anxiety disorder
'F13981'	Sedativ/hyp/anxiolytic use, unspecified with sexual dysfunction
'F13982'	Sedative, hypnotic or anxiolytic use, unspecified with sleep disorder
'F13988'	Sedative, hypnotic or anxiolytic use, unspecified with other disorder
'F1399'	Sedative, hypnotic or anxiolytic use, unspecified with unspecified disorder
'F1410'	Cocaine abuse, uncomplicated
'F14120'	Cocaine abuse with intoxication, uncomplicated
'F14121'	Cocaine abuse with intoxication with delirium
'F14122'	Cocaine abuse with intoxication with perceptual disturbance
'F14129'	Cocaine abuse with intoxication, unspecified

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F1414'	Cocaine abuse with cocaine-induced mood disorder
'F14150'	Cocaine abuse w cocaine-induc psychotic disorder w delusions
'F14151'	Cocaine abuse w cocaine-induc psychotic disorder w hallucin
'F14159'	Cocaine abuse with cocaine-induced psychotic disorder, unsp
'F14180'	Cocaine abuse with cocaine-induced anxiety disorder
'F14181'	Cocaine abuse with cocaine-induced sexual dysfunction
'F14182'	Cocaine abuse with cocaine-induced sleep disorder
'F14188'	Cocaine abuse with other cocaine-induced disorder
'F1419'	Cocaine abuse with unspecified cocaine-induced disorder
'F1420'	Cocaine dependence, uncomplicated
'F14220'	Cocaine dependence with intoxication, uncomplicated
'F14221'	Cocaine dependence with intoxication delirium
'F14222'	Cocaine dependence w intoxication w perceptual disturbance
'F14229'	Cocaine dependence with intoxication, unspecified
'F1423'	Cocaine dependence with withdrawal
'F1424'	Cocaine dependence with cocaine-induced mood disorder
'F14250'	Cocaine depend w cocaine-induc psych disorder w delusions
'F14251'	Cocaine depend w cocaine-induc psychotic disorder w hallucin
'F14259'	Cocaine dependence w cocaine-induc psychotic disorder, unsp
'F14280'	Cocaine dependence with cocaine-induced anxiety disorder
'F14281'	Cocaine dependence with cocaine-induced sexual dysfunction
'F14282'	Cocaine dependence with cocaine-induced sleep disorder
'F14288'	Cocaine dependence with other cocaine-induced disorder
'F1429'	Cocaine dependence with unspecified cocaine-induced disorder
'F1490'	Cocaine use, unspecified, uncomplicated
'F14920'	Cocaine use, unspecified with intoxication, uncomplicated
'F14921'	Cocaine use, unspecified with intoxication delirium
'F14922'	Cocaine use, unsp w intoxication with perceptual disturbance
'F14929'	Cocaine use, unspecified with intoxication, unspecified
'F1494'	Cocaine use, unspecified with cocaine-induced mood disorder
'F14950'	Cocaine use, unsp w cocaine-induc psych disorder w delusions
'F14951'	Cocaine use, unsp w cocaine-induc psych disorder w hallucin
'F14959'	Cocaine use, unsp w cocaine-induced psychotic disorder, unsp
'F14980'	Cocaine use, unsp with cocaine-induced anxiety disorder
'F14981'	Cocaine use, unsp with cocaine-induced sexual dysfunction
'F14982'	Cocaine use, unspecified with cocaine-induced sleep disorder
'F14988'	Cocaine use, unspecified with other cocaine-induced disorder
'F1499'	Cocaine use, unsp with unspecified cocaine-induced disorder
'F1510'	Other stimulant abuse, uncomplicated
'F15120'	Other stimulant abuse with intoxication, uncomplicated

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F15121'	Other stimulant abuse with intoxication delirium
'F15122'	Oth stimulant abuse w intoxication w perceptual disturbance
'F15129'	Other stimulant abuse with intoxication, unspecified
'F1514'	Other stimulant abuse with stimulant-induced mood disorder
'F15150'	Oth stimulant abuse w stim-induce psych disorder w delusions
'F15151'	Oth stimulant abuse w stim-induce psych disorder w hallucin
'F15159'	Oth stimulant abuse w stim-induce psychotic disorder, unsp
'F15180'	Oth stimulant abuse with stimulant-induced anxiety disorder
'F15181'	Oth stimulant abuse w stimulant-induced sexual dysfunction
'F15182'	Other stimulant abuse with stimulant-induced sleep disorder
'F15188'	Other stimulant abuse with other stimulant-induced disorder
'F1519'	Other stimulant abuse with unsp stimulant-induced disorder
'F1520'	Other stimulant dependence, uncomplicated
'F15220'	Other stimulant dependence with intoxication, uncomplicated
'F15221'	Other stimulant dependence with intoxication delirium
'F15222'	Oth stimulant dependence w intox w perceptual disturbance
'F15229'	Other stimulant dependence with intoxication, unspecified
'F1523'	Other stimulant dependence with withdrawal
'F1524'	Oth stimulant dependence w stimulant-induced mood disorder
'F15250'	Oth stim depend w stim-induce psych disorder w delusions
'F15251'	Oth stimulant depend w stim-induce psych disorder w hallucin
'F15259'	Oth stimulant depend w stim-induce psychotic disorder, unsp
'F15280'	Oth stimulant dependence w stim-induce anxiety disorder
'F15281'	Oth stimulant dependence w stim-induce sexual dysfunction
'F15282'	Oth stimulant dependence w stimulant-induced sleep disorder
'F15288'	Oth stimulant dependence with oth stimulant-induced disorder
'F1529'	Oth stimulant dependence w unsp stimulant-induced disorder
'F1590'	Other stimulant use, unspecified, uncomplicated
'F15920'	Other stimulant use, unsp with intoxication, uncomplicated
'F15921'	Other stimulant use, unspecified with intoxication delirium
'F15922'	Oth stimulant use, unsp w intox w perceptual disturbance
'F15929'	Other stimulant use, unsp with intoxication, unspecified
'F1594'	Oth stimulant use, unsp with stimulant-induced mood disorder
'F15950'	Oth stim use, unsp w stim-induce psych disorder w delusions
'F15951'	Oth stim use, unsp w stim-induce psych disorder w hallucin
'F15959'	Oth stimulant use, unsp w stim-induce psych disorder, unsp
'F15980'	Oth stimulant use, unsp w stimulant-induced anxiety disorder
'F15981'	Oth stimulant use, unsp w stim-induce sexual dysfunction
'F15982'	Oth stimulant use, unsp w stimulant-induced sleep disorder
'F15988'	Oth stimulant use, unsp with oth stimulant-induced disorder



ICD-10-CM DIAGNOSIS	DESCRIPTION
'F1599'	Oth stimulant use, unsp with unsp stimulant-induced disorder
'P0441'	Newborn affected by maternal use of cocaine
'T405X1A'	Poisoning by cocaine, accidental (unintentional), init
'T405X3A'	Poisoning by cocaine, assault, initial encounter
'T405X4A'	Poisoning by cocaine, undetermined, initial encounter
'T405X5A'	Adverse effect of cocaine, initial encounter

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> accessed 07Sep2022).

**Measure ID:** 050301024

**Measure Title:** Composite measure: Emergency department visits with a principal diagnosis related to co-occurring mental health, alcohol, and substance use disorder, 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 to 2019

Population characteristics: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region of hospital

**Data Source:** 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 specification ID

HCUP\_52; ICD-10-CM coding for substance use listed under measure specification ID HCUP\_53. 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> accessed 07Sep2022).

**Measure ID:** 050301031

**Measure Title:** Emergency department visits with a principal diagnosis related to dental conditions

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

**Table Descriptions:**

Geographic representation: National

Years available: 2016 to 2019

Population characteristics: Age, sex, geographic location (residence), median household income of the patient's ZIP Code

**Data Source:** AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

**Denominator:** U.S. resident population, all ages

**Numerator:** Emergency department visits in the U.S. with a principal diagnosis related to dental conditions defined using ICD-10-CM diagnosis codes of K000, K001, K002, K003, K004, K005, K006, K007, K008, K009, K010, K011, K023, K0251, K0252, K0253, K0261, K0262, K0263, K027, K029, K030, K031, K032, K033, K034, K035, K036, K037, K0381, K0389, K039, K0401, K0402, K041, K042, K043, K044, K045, K046, K047, K048, K0490, K0499, K0500, K0501, K0510, K0511, K0520, K05211, K05212, K05213, K05219, K05221, K05222, K05223, K05229, K0530, K05311, K05312, K05313, K05319, K05321, K05322, K05323, K05329, K054, K055, K056, K06010, K06011, K06012, K06013, K06020, K06021, K06022, K06023, K061, K062, K063, K068, K069.

**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.

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> accessed 07Sep2022).

**Measure ID:** 050301041

**Measure Title:** Emergency department encounters for asthma, 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 2019

Population characteristics: 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) and AHRQ Quality Indicators, v2020.1

**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. 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> accessed 07Sep2022).

**Measure ID:** 050301042

**Measure Title:** 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 to 2019

Population characteristics: Age, sex, geographic location (residence), median household income of patient's ZIP Code, region of hospital

**Data Sources:** AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS), and AHRQ Quality Indicators, v2020.1

**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> accessed 07Sep2022).

**Measure ID:** 050301043

**Measure Title:** Emergency department visits for asthma per 10,000 population, ages 2-19

**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

Years available: 2006-2008 to 2015-2017

Population characteristics: Age, sex, race, ethnicity, location of patient residence

**Data Sources:** CDC, NCHS, NHAMCS

**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

**Comments:** Rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. For emergency visits, asthma was identified by ICD-9-CM codes 493.0, 493.1, 493.2, 493.8, or 493.9; or ICD-10 codes J4520, J4521, J4522, J4530, J4531, J4532, J4540, J4541, J4542, J4550, J4551, J4552, J45901, J45902, J45909, J45990, J45991, or J45998. Excludes patients not seen by a physician, who left before being seen, or were dead on arrival. A proportion of visit data were missing for ethnicity. Missing data were imputed consistent with the guidance in 2009 NHAMCS Public Use Data File documentation, available at: [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS/doc09.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf).

**Measure ID:** 050301044

**Measure Title:** Emergency department visits for asthma per 10,000 population, ages 2-9

**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

Years available: 2007-2009 to 2015-2017

Population characteristics: Sex, race, ethnicity, location of patient residence

**Data Sources:** CDC, NCHS, (NHAMCS)

**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

**Comments:** Rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. For emergency visits, asthma was identified by ICD-9-CM codes 493.0, 493.1, 493.2, 493.8, or 493.9; or ICD-10 codes J4520, J4521, J4522, J4530, J4531, J4532, J4540, J4541, J4542, J4550, J4551, J4552, J45901, J45902, J45909, J45990, J45991, or J45998. Excludes patients not seen by a physician, who left before being seen, or were dead on arrival. A proportion of visit data were missing for ethnicity. Missing data were imputed consistent with

the guidance in 2009 NHAMCS Public Use Data File documentation, available at:  
[https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS/doc09.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf).

**Measure ID:** 050301045

**Measure Title:** Emergency department visits for asthma per 10,000 population, ages 10-19

**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

Years available: 2007-2009 to 2015-2017

Population characteristics: Sex, race, ethnicity, location of patient residence

**Data Sources:** CDC, NCHS, NHAMCS

**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

**Comments:** Rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. For emergency visits, asthma was identified by ICD-9-CM codes 493.0, 493.1, 493.2, 493.8, or 493.9; or ICD-10 codes J4520, J4521, J4522, J4530, J4531, J4532, J4540, J4541, J4542, J4550, J4551, J4552, J45901, J45902, J45909, J45990, J45991, or J45998. Excludes patients not seen by a physician, who left before being seen, or were dead on arrival. A proportion of visit data were missing for ethnicity. Missing data were imputed consistent with the guidance in 2009 NHAMCS Public Use Data File documentation, available at:  
[https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHAMCS/doc09.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf).

## 5.4 Preventable Hospitalizations

**Measure ID:** 050401011

**Measure Title:** Hospital admissions for uncontrolled diabetes without complications 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 (PQI14)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050401021

**Measure Title:** Hospital admissions with diabetes with short-term complications per 100,000 population, age 18 and over

**134 |** 2022 National Healthcare Quality and Disparities Report Measure Specifications

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQI01)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.



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> accessed 07Sep2022).

**Measure ID:** 050401022

**Measure Title:** Hospital admissions with diabetes with short-term complications per 100,000 population, ages 6-17

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDI15)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding

rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050401031

**Measure Title:** Hospital admissions with diabetes with long-term complications 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 (PQI03)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and

self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050401041

**Measure Title:** Lower extremity amputations among admissions 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 (PQI16)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050401051

**Measure Title:** Composite measure: Hospital admissions for one or more diabetes complications (short-term complications, long-term complications, uncontrolled diabetes, or lower-extremity amputation) 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 (PQI93)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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, long-term complications, uncontrolled diabetes, or lower-extremity amputation

**Comments:** The AHRQ PQI software requires diabetes to be the principal diagnosis and s diagnosis code of short-term complications, long-term complications, or uncontrolled diabetes, or a procedure code for lower-extremity amputation. Short-term complications include ketoacidosis, hyperosmolarity, and coma. Long-term complications include renal, eye, neurologic, circulatory, and other unspecified complications.

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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050401071

**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 (PQI15)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050401072

**141** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

**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 (PDI14)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.



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> accessed 07Sep2022).

## 5.5 Preventable Hospitalizations Among Home Health and Nursing Home Patients

**Measure ID:** 050501031

**Measure Title:** Hospitalizations and emergency department encounters for heart failure

**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 2019

Population characteristics: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and Nationwide Emergency Department Sample (NEDS), and AHRQ Quality Indicators, v2020.1

**Denominator:** U.S. resident population age 18 and over

**Numerator:** Number of hospitalizations or emergency department visits for heart failure (HF)

**Comments:** Consistent with the AHRQ PQI software, HF must be the principal diagnosis and the following are excluded: 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. 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. Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the



selected SID were weighted to the universe of community hospitals<sup>1</sup> in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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 (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp> accessed 07Sep2022).

**Measure ID:** 050501042

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

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<sup>1</sup> Community hospitals are defined by the AHA as “all non-Federal, short-term, general, and other specialty hospitals, excluding hospital units of institutions open to the public.” Specialty hospitals included in the AHA definition of “community hospitals” are: obstetrics-gynecology, ear-nose-throat, short-term rehabilitation, orthopedic, and pediatric institutions. Community hospitals can include rehabilitation and long-term acute care (LTAC) facilities. These facilities can provide acute care services to patients who need long term hospitalization). Excluded from the AHA definition of “community hospitals” are long-term non-acute care hospitals, psychiatric hospitals, and alcoholism/chemical dependency treatment facilities.

**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: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

## 5.7 Supportive and Palliative Care

**Measure ID:** 050701011

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 050701021

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 050701031

**Measure Title:** Home health care 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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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 the timely care can be found from CMS's specification, "Home-Health-QRP-Timely-Care-Specifications-February-2018.pdf". The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 050701041

**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 (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2019

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

**Data Sources:** CMS, HCAHPS

**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?" Non-respondents and respondents indicating "only had one provider in the last 2 months of care" were excluded.

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

## 5.8 Potentially Avoidable Admissions

**Measure ID:** 050801011

**Measure Title:** Hospital admissions with hypertension 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 (PQI07)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050801031

**Measure Title:** Hospital admissions with chronic obstructive pulmonary disease or asthma per 100,000 population, age 40 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQI05)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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> accessed 07Sep2022).

**Measure ID:** 050801041

**Measure Title:** Hospital admissions for community-acquired pneumonia 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 (PQI11)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding

**150 | 2022 National Healthcare Quality and Disparities Report Measure Specifications**

rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050801051

**Measure Title:** Hospital admissions for urinary tract infection 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 (PQI12)

**Table Descriptions:**

Geographic representation: National

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**Denominator:** U.S. resident population of adults age 18 and older

**Numerator:** Hospital admissions of adults with a principal diagnosis of urinary tract infection.

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals,



excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050801052

**Measure Title:** Hospital admissions for urinary tract infection 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 (PDI18)

**Table Descriptions:**

Geographic representation: National

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**Denominator:** U.S. resident population of children ages 3 months to 17 years

**Numerator:** Hospital inpatient discharges with a principal diagnosis of urinary tract infection 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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. Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 050801061

**Measure Title:** Hospital 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 (PDI16)

**Table Descriptions:**

Geographic representation: National

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

## Chapter 6. Effectiveness of Care

### 6.1 Cancer

#### 6.1.1 Breast Cancer

**Measure ID:** 060101011

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** CoC, ACoS and ACS, NCDB

**Denominator:** Women age 18 and over with stage I/IIb breast cancer who were surgically treated by breast-conserving surgery or mastectomy

**Numerator:** 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:** Women with evidence of metastatic tumor (stage IV) are excluded.

**Measure ID:** 060101021

**Measure Title:** Women under age 70 treated for breast cancer with breast-conserving surgery who received radiation therapy to the breast within 1 year of diagnosis

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** CoC, ACoS and ACS, 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:** 060101031

**Measure Title:** Breast cancer deaths per 100,000 female population per year

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

**Data Sources:** 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:** 060101041

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** CoC, ACoS and ACS, 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  $\geq 4$  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:** 060101051

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

**Data Sources:** CoC, ACoS and ACS, 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:** 060101061

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race, ethnicity, geographic location

**Data Sources:** CoC, ACoS and ACS, 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:** 060102011

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race, ethnicity, geographic location

**Data Sources:** CoC, ACoS and ACS, 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:** 060102021

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race, ethnicity, geographic location

**Data Sources:** CoC, ACoS and ACS, 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. NCDDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), CERVIX MEASURE SPECIFICATIONS has more information.

### 6.1.3 Colorectal Cancer

**Measure ID:** 060103011

**Measure Title:** Patients with colon cancer who received surgical resection of colon cancer that included at least 12 lymph nodes pathologically examined

**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: 2004 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location

**Data Sources:** CoC, ACoS and ACS, 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:** 060103021

**Measure Title:** Colorectal cancer deaths per 100,000 population per year

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: Age, race, ethnicity, geographic location

**Data Sources:** 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:** 060103031

**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: 2005 to 2017

Population characteristics: Age, health insurance, income, race, ethnicity, geographic location

**Data Sources:** CoC, ACoS and ACS, 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:** 060104011

**Measure Title:** Cancer deaths per 100,000 population per year for all cancers

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: Age, race, ethnicity, geographic location

**Data Sources:** 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.

**Measure ID:** 060104031

**Measure Title:** Lung cancer deaths per 100,000 population per year

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: Age, race, ethnicity, geographic location

**Data Sources:** 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.

## 6.2 Cardiovascular Disease

### 6.2.1 Prevention of Heart Disease

**Measure ID:** 060201011

**Measure Title:** Adults with hypertension with blood pressure less than 140/90 mm/Hg

**Measure Source:** Healthy People 2020

#### Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity, health insurance

**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:** 060202011

**Measure Title:** Deaths per 1,000 hospital admissions with acute myocardial infarction, age 18 and over, without transfer cases

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI15)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3)

the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 060202041

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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 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

**Comments:** This measure is referred as OP-5 by the HOQR program and was finalized to be removed for the 2021 (2Q2019-1Q2020) payment determination and subsequent years. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram>.

**Measure ID:** 060202051

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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 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-1 by the HOQR program. This measure was removed from the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram>.

**Measure ID:** 060202061

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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>.

**Measure ID:** 060202071

**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 to 2018

Population characteristics: Age, gender, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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>.

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>

## 6.2.3 Treatment of Heart Failure



**Measure ID:** 060203021

**Measure Title:** Hospital admissions for heart failure 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 (PQI08)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were

excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 060203031

**Measure Title:** Deaths per 1,000 hospital admissions with heart failure, age 18 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI15)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the

patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

## 6.2.4 Surgery for Heart and Vascular Disease

**Measure ID:** 060204011

**Measure Title:** Deaths per 1,000 adult hospital admissions with abdominal aortic aneurysm repair, age 18 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI11)

### Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 060204021

**Measure Title:** Deaths per 1,000 hospital admissions with coronary artery bypass graft surgery, age 40 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI12)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 060204031

**Measure Title:** Deaths per 1,000 hospital admissions with percutaneous coronary intervention, age 40 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI30)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**Denominator:** Hospital inpatient discharges, age 40 and over, with PCI 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

## 6.2.5 Stroke

**Measure ID:** 060205081

**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 to 2018

Population characteristics: Age, sex, race/ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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/#/FamilyView?familyId=299>.

## 6.3 Chronic Kidney Disease

### 6.3.1 Chronic Care of End Stage Renal Disease

**Measure ID:** 060301011

**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), United States Renal Data System (USRDS)

**Table Descriptions:**

Geographic representation: National, State

Years available:

National: 2005 to 2018  
State: 2012 to 2018

Population characteristics: Age, sex, race/ethnicity

**Data Sources:** NIH, NIDDK, USRDS

**Denominator:** All incident ESRD patients age 18 and over with valid CMS-2728 Medical Evidence form, and a non-missing value for the question: did you see a nephrologist at all?

**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:** 060301031

**Measure Title:** Ratio of observed deaths to expected deaths among Medicare hemodialysis 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 to 2019

Population characteristics: Age, ESRD Cause, Ethnicity, Race, Sex

**Data Sources:** ESRD Integrated Data Sources used by UM-KECC

**Denominator:** Total number of expected deaths among dialysis patients in facilities in the state

**Numerator:** Total number of deaths among the population in the denominator. Deaths from street drugs or accidents unrelated to treatment are excluded.

**Comments:** The expected number of deaths are adjusted for calendar year, patient age, race, ethnicity, sex, diabetes at incidence, duration of end-stage renal disease (ESRD), nursing home status, patient comorbidities at incidence, body mass index at onset of ESRD, and age-adjusted population death rates by state and race.

This measure compares the number of observed deaths in the state to the number of deaths that were expected based on national death rates during that year for patients with the same characteristics as



those in the state (Wolfe, 1992). The SMR indicates whether patients treated in the state had higher or lower mortality than expected given the characteristics of patients treated in the state. Similarly, the degree to which the state's 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 state.

For more information, see section VI of the Guide to the Dialysis Facility Reports for Fiscal Year 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>

**Measure ID:** 060301041

**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: 2000 to 2017

Population characteristics: Age, sex, race/ethnicity

**Data Sources:** 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:** 060301051

**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:**

176 | 2022 National Healthcare Quality and Disparities Report Measure Specifications

Geographic representation: National, State

Years available: 2000 to 2015

Population characteristics: Age, sex, race/ethnicity

**Data Sources:** 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:** 060301061

**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)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, ESRD Cause, Ethnicity, Race, Sex

**Data Sources:** ESRD Integrated Data Sources used by UM-KECC

**Denominator:** Total number of patient-months for patients who had end-stage renal disease (ESRD) for more than 90 days and were receiving hemodialysis in a facility in the state for at least one whole calendar month during the reporting period (i.e., “assigned” facility)

**Numerator:** The number of patient-months with a hemoglobin level less than 10 g/dL among the denominator population

**Comments:** The 2005-2015 data included Medicare dialysis patients and the 2016-2019 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 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>

**Measure ID:** 060301071

**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: 2012 to 2018

Population characteristics: Age, sex, race/ethnicity

**Data Sources:** 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:** 060401011

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

## Table Description

Geographic representation: National

Years available: 2008 to 2019

Population characteristics: 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 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, <https://www.ahrq.gov/data/resources/index.html> (accessed 07Sep2022), provides more information on the DCS and MEPS panels.

Non-respondents 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:** 060401021

**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: State

Years available: 2013 to 2019

Population characteristics: Race, ethnicity, income, education, sex, and insurance

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** Adults age 40 and over with diabetes

**Numerator:** Adults with diabetes who had at least two hemoglobin A1c test in the survey year

**Comments:** This measure is referred to as measure D-11 in Healthy People 2020 documentation.

**Measure ID:** 060401031

**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: State

Years available: 2013 to 2019

Population characteristics: Race, ethnicity, income, education, sex, and insurance

**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)

**Denominator:** Adults age 40 and over with diabetes

**Numerator:** Adults with diabetes who had at least one retinal eye examination in the survey year

**Comments:** This measure is referred to as measure D-10 in Healthy People 2020 documentation.

**Measure ID:** 060401041

**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: State

Years available: 2013 to 2019

Population characteristics: Race, ethnicity, income, education, sex, and insurance

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** Adults age 40 and over with diabetes

**Numerator:** Subset of denominator who had one or more foot examinations in the survey year

**Comments:** This measure is referred to as measure D-9 in Healthy People 2020 documentation.

**Measure ID:** 060401051

**Measure Title:** Adults age 40 and over with diagnosed diabetes who received an influenza vaccination in the past 12 months

**Measure Source:** National Diabetes Quality Improvement Alliance, National Quality Forum

**Table Descriptions:**

Geographic representation: State

Years available: 2013 to 2019

Population characteristics: Race, ethnicity, income, education, sex, and insurance

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

**Denominator:** Adults age 40 and over with diabetes

**Numerator:** Subset of the denominator who had an influenza immunization in the survey year

**Measure ID:** 060401061

**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

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, 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.

## 6.4.2 Control of Diabetes

**Measure ID:** 060402011

**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

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity, health insurance

**Data Sources:** CDC, NCHS, 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:** 060402013

**Measure Title:** Adults age 40 and over with self-reported physician diagnosed diabetes with hemoglobin A1c higher than 9.0% (poor control)

**Measure Source:** Healthy people 2020 D-5.1

**Table Descriptions:**

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity, health insurance

**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 who report that they have ever been diagnosed with diabetes

**Numerator:** Adults age 40 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://wayback.archive-it.org/5774/20220414205727/https://www.healthypeople.gov/node/4123/data\\_details](https://wayback.archive-it.org/5774/20220414205727/https://www.healthypeople.gov/node/4123/data_details)

**Measure ID:** 060402031

**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

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, 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:** 060403061

**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: 2001 to 2018

Population characteristics: Age, sex, race/ethnicity

**Data Sources:** 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).

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." 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:** 060403063

**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 2018

Population characteristics: Age, sex, race/ethnicity

**Data Sources:** 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). 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."

**Measure ID:** 060403071

**Measure Title:** Distribution of 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, State

Years available: 2009 to 2019

Population characteristics: Age, Ethnicity, Race, Sex

**Data Sources:** ESRD Integrated Data Sources used by UM-KECC

**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 the denominator population

**Comments:** The percentages in the national table are the distribution of ESRD caused by diabetes between characteristics within each demographic category.

For more information, see section IV of the Guide to the Dialysis Facility Reports for Fiscal Year 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>

## 6.5 HIV/AIDS

### 6.5.1 Management of HIV/AIDS

**Measure ID:** 060501011

**Measure Title:** New AIDS cases per 100,000 population age 13 and over

**Measure Source:** Center for Disease Control and Prevention (CDC), 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 2018

Population characteristics: 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. All of the data were downloaded from the NCHHSTP AtlasPlus, <https://www.cdc.gov/nchhstp/atlas/index.htm>.

**Measure ID:** 060501021

**Measure Title:** New HIV cases per 100,000 population age 13 and over

**Measure Source:** Center for Disease Control and Prevention (CDC), 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 2019

Population characteristics: 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. All of the data were downloaded from the NCHHSTP AtlasPlus, <https://www.cdc.gov/nchhstp/atlas/index.htm>.

**Measure ID:** 060501031

**Measure Title:** Persons age 13 and over living with HIV who know their serostatus

**Measure Source:** Center for Disease Control and Prevention (CDC), 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 to 2019

Population characteristics: Age, sex, race/ethnicity, and transmission category

**Data Sources:** CDC, NCHHSTP, DHAP, NHSS

**Denominator:** Adolescents and adults age 13 and over

**Numerator:** Number of persons age 13 and over with diagnosed HIV infection

**Comments:** All of the data were downloaded from the NCHHSTP AtlasPlus, <https://www.cdc.gov/nchhstp/atlas/index.htm>. The indicator is knowledge of HIV status (diagnosed infections among persons living with HIV infection).

**Measure ID:** 060501041

**Measure Title:** Persons age 13 and over living with diagnosed HIV who had at least two CD4 or viral load tests performed at least 3 months apart during the last year

**Measure Source:** Center for Disease Control and Prevention (CDC), 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 to 2018

Population characteristics: Age, sex, race/ethnicity, and transmission category

**Data Sources:** 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 denominator who had at least two CD4 or viral load tests performed at least 3 months apart during the last year

**Comments:** The data were obtained from Centers for Disease Control and Prevention, HIV Surveillance Supplemental Reports available at <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. The 2015-2016, and 2018 data included 41 States and the District of Columbia. The 2014 data included 37 States and the District of Columbia.

**Measure ID:** 060501051

**Measure Title:** Persons age 13 and over living with diagnosed HIV whose most recent viral load in the last 12 months was under 200 copies/mL

**Measure Source:** Center for Disease Control and Prevention (CDC), 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:

National: 2014 to 2018

State: 2010 to 2018

Population characteristics: Age, sex, race/ethnicity, and transmission category

**Data Sources:** 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

**Comments:** The national data were obtained from Centers for Disease Control and Prevention, HIV Surveillance Supplemental Reports available at <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. The 2015-2016, and 2018 data included 41 States and the District of Columbia. The 2014 data included 37 States and the District of Columbia. Data for 2017 were not available. State data were obtained from Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus, <https://gis.cdc.gov/grasp/nchhstpatlas/tables.html>.

**Measure ID:** 060501061

**Measure Title:** HIV infection deaths per 100,000 population

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: **Age**, race, ethnicity, geographic location

**Data Sources:** 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:** This measure is referred to as measure HIV-12 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.

## 6.7 Mental Health and Substance Use Disorder

### 6.7.1 Treatment of Depression

**Measure ID:** 060701011

**Measure Title:** Received treatment for depression in the past year among people aged 18 or older with past year major depressive episode (MDE)

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** People age 18 and over with a major depressive episode in the past year

**Numerator:** Subset of the denominator who received treatment for depression in the past year

**Comments:** Major depressive episode (MDE) is based on the definition found in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Individuals were classified as having an MDE in the past year if they (1) had a lifetime MDE, (2) had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and (3) reported during this period of 2 weeks or longer in the past 12 months they had “some of the other problems” they reported for a lifetime MDE. Consistent with the DSM-5 criteria, NSDUH does not exclude MDEs that occurred exclusively in the context of bereavement.

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 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's

poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years. A major depressive episode (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).

**Measure ID:** 060701021

**Measure Title:** Received treatment for depression in the past year among people aged 12 to 17 with a past year major depressive episode (MDE)

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Children ages 12-17 with a MDE in the past year

**Numerator:** Subset of the denominator who received treatment for depression in the past year

**Comments:** MDE is based on the definition found in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Individuals were classified as having an MDE in the past year if they (1) had a lifetime MDE, (2) had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and (3) reported during this period of 2 weeks or longer in the past 12 months they had "some of the other problems" they reported for a lifetime MDE. Consistent with the DSM-5 criteria, NSDUH does not exclude MDEs that occurred exclusively in the context of bereavement.



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 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 060701041

**Measure Title:** Suicide deaths among persons age 12 and over per 100,000 population

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: Age, race, ethnicity, geographic location

**Data Sources:** 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:** This measure is referred to as measure MHMD-1 in Healthy People 2020 documentation. 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.

**Measure ID:** 060701051

**Measure Title:** Long-stay nursing home residents with depression symptoms

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 060701061

**Measure Title:** Short-stay nursing home patients given antipsychotic medication

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**193** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

**Table Descriptions:**

Geographic representation: National, State

Years available: 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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 the number of days receiving any antipsychotic medication question

**Numerator:** Subset of the denominator who are receiving an antipsychotic medication at least for one day in the past 7 days on target assessment, excluding those residents diagnosed with schizophrenia

**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).

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022) and National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (October 2020), <https://www.cms.gov/files/document/antipsychotic-medication-use-data-report-2021q4-updated-07292022.pdf> (accessed 07Sep2022).

Residents with antipsychotic medication use on the initial assessment were not excluded. This is the same as the Antipsychotic Medication Use Data Report (October 2020), different from the MDS 3.0 Quality Measures User's manual, Version 11. Residents with schizophrenia, Tourette's syndrome, or Huntington's disease are excluded from the 2019 data in the NHQDR tables.

**Measure ID:** 060701071

**Measure Title:** Long-stay nursing home patients given antipsychotic medication

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

194 | 2022 National Healthcare Quality and Disparities Report Measure Specifications

Years available: 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**Data Source:** 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 the number of days receiving any antipsychotic medication question

**Numerator:** Long-stay residents who received antipsychotic medication at least for one day in the past 7 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 NHQDR tables are defined based on the number of days a resident receiving any antipsychotic medication variable regardless of antipsychotic medication use at initial assessment and did not exclude residents with Schizophrenia, Tourette's Syndrome, or Huntington's Disease. For details about this and other NHQI measures, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

## 6.7.2 Treatment of Substance Use Disorder

**Measure ID:** 060702011

**Measure Title:** Classified as needing substance use treatment and receiving such treatment at a specialty facility in the past year among people aged 12 or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 12 and over who needed treatment for a substance use problem

**Numerator:** Subset of the denominator who received treatment for a substance use problem at a specialty facility in the past year

**Comments:** Respondents were classified as needing substance use treatment if they met the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for an illicit drug or alcohol use disorder or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 060702021

**Measure Title:** Classified as needing illicit drug use treatment and receiving such treatment at a specialty facility in the past year among people aged 12 or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** 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 last 12 months

**Comments:** Respondents were classified as needing illicit drug use treatment if they met the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for an illicit drug use disorder or received treatment for illicit drug use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 060702031

**Measure Title:** Classified as needing alcohol use treatment and receiving such treatment at a specialty facility in the past year among people aged 12 or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**197 | 2022 National Healthcare Quality and Disparities Report: Measure Specifications**

**Denominator:** Population age 12 and over who needed treatment for alcohol use

**Numerator:** Subset of the denominator who received treatment for alcohol use at a specialty facility in the past year

**Comments:** Respondents were classified as needing alcohol use treatment if they met the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for an alcohol use disorder or received treatment for alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 060702041

**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), Treatment Episode Data Set (TEDS)

**Table Descriptions:**

Geographic representation: National

Years available:

State: 2009 to 2019

National: 2009 to 2019

Population characteristics: Age, education, sex, race, ethnicity

**Data Sources:** SAMHSA, TEDS

**198 | 2022 National Healthcare Quality and Disparities Report Measure Specifications**

**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. Due to insufficient data, 2009 data excluded District of Columbia, Georgia, Mississippi, New Mexico, North Carolina, Pennsylvania, and West Virginia; 2010 data excluded District of Columbia, Georgia, Mississippi, Pennsylvania, West Virginia; 2011 data excluded Pennsylvania, Mississippi, West Virginia; 2012 data excluded Kansas, Mississippi, and New Mexico; 2013 data excluded Florida, Mississippi, and New Mexico; 2014 data excluded Florida, Georgia, Kansas, Mississippi, New Mexico, and West Virginia; 2015 data excluded Oregon, South Carolina, West Virginia; 2016 data excluded Georgia, Oregon, West Virginia, 2017 data excluded Georgia, Oregon, West Virginia; 2018 data excluded Georgia, Oregon, Washington, West Virginia; 2019 data excluded Oregon, Washington, West Virginia.

**Measure ID:** 060702071

**Measure Title:** Adults 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 to 2019

Population characteristics: 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 age 18 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.”

**Comments:** The definition of an opioid prescription of this measure is the same as the one used in Moriya, A.S. and Miller, G.E. *Any Use and Frequent Use of Opioids among Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #515. Agency for Healthcare Research and Quality, Rockville, MD. [https://meps.ahrq.gov/data\\_files/publications/st515/stat515.shtml](https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml) (accessed 07Sep2022); and Miller, G.E. and Moriya, A.S. *Any Use and Frequent Use of Opioids among Non-Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #516. Agency for Healthcare Research and Quality, Rockville, MD. [https://meps.ahrq.gov/data\\_files/publications/st516/stat516.shtml](https://meps.ahrq.gov/data_files/publications/st516/stat516.shtml) (accessed 07Sep2022). The



differences are that the Stat Briefs used pooled 2015-2017 data and stratified by elderly adults and non-elderly adults. This measure used one year data from 2013-2017 and includes adults age 18 and over.

**Measure ID:** 060702081

**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 to 2019

Population characteristics: 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 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.”

**Comments:** The definition of four or more outpatient opioid prescription fills of this measure is the same as the one used in Moriya, A.S. and Miller, G.E. *Any Use and Frequent Use of Opioids among Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #515. Agency for Healthcare Research and Quality, Rockville, MD. [https://meps.ahrq.gov/data\\_files/publications/st515/stat515.shtml](https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml) (accessed 07Sep2022); and Miller, G.E. and Moriya, A.S. *Any Use and Frequent Use of Opioids among Non-Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #516. Agency for Healthcare Research and Quality, Rockville, MD. [https://meps.ahrq.gov/data\\_files/publications/st516/stat516.shtml](https://meps.ahrq.gov/data_files/publications/st516/stat516.shtml) (accessed 07Sep2022). The differences are that the Stat Briefs used pooled 2015-2017 data and stratified by elderly adults and non-elderly adults. This measure used one year data from 2013-2017 and includes adults age 18 and over.

**Measure ID:** 060702091

**Measure Title:** Opioid use disorder in the past year among people aged 18 years or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 18 and over

**Numerator:** Subset of the denominator who had opioid (either prescription opioid or heroin) use disorder in the last 12 months

**Comments:** Respondents were classified as having an opioid use disorder if they met criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), for heroin use disorder, prescription pain reliever use disorder, or both in the past year.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 060702101

**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

**201** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

Years available: 2005-2019

Population characteristics: Age, sex, median household income of the patient's ZIP Code, metropolitan status 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 (<https://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. Observed (un-adjusted) rates are reported. 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:** 060702111

**Measure Title:** Emergency department visits 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: 2005-2019

Population characteristics: Age, sex, median household income of the patient's ZIP Code, metropolitan status of patient residence

**Data Sources:**

National: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

State: AHRQ, HCUP, State Emergency Department Databases (SEDD)

**Denominator:** U.S. resident population

**Numerator:** Total number of emergency department visits 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 (<https://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. Observed (un-adjusted) rates are reported. Emergency department (ED) visits 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:** 060702121

**Measure Title:** Drug overdose deaths involving any opioid per 100,000 resident population

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

#### **Table Descriptions:**

Geographic Representation: National, State

Years Available: 1999 to 2019

**204** | 2022 National Healthcare Quality and Disparities Report Measure Specifications

Population characteristics: Age, race, ethnicity, geographic location

**Data Sources:** CDC, NCHS, NVSS—Mortality

**Denominator:** U.S. resident population all ages

**Numerator:** Subset of the denominator who died from overdose involving any opioid drugs

**Comments:** The data were downloaded from CDC Wonder, <https://wonder.cdc.gov>. 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.

**Measure ID:** 060702131

**Measure Title:** Drug overdose deaths involving natural and semisynthetic opioids per 100,000 resident population

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 1999 to 2019

Population characteristics: Age, race, ethnicity, geographic location

**Data Sources:** CDC, NCHS, NVSS—Mortality

**Denominator:** U.S. resident population all ages

**Numerator:** Subset of the denominator who died from overdose involving natural and semisynthetic opioids

**Comments:** The data were downloaded from CDC Wonder, <https://wonder.cdc.gov>. 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.

**Measure ID:** 060702141

**Measure Title:** Drug overdose deaths involving other synthetic opioids (other than methadone) per 100,000 resident population

**Measure Source:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

**Table Descriptions:**

Geographic Representation: National, State

Years Available: 1999 to 2019

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

**Data Sources:** CDC, NCHS, 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:** The data were downloaded from CDC Wonder, <https://wonder.cdc.gov>. 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.

**Measure ID:** 060702151

**Measure Title:** Received medication-assisted treatment for opioids in the past year among people aged 12 or older with past year opioid use disorder

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 12 and over with past year opioid use disorder

**Numerator:** Subset of the denominator who received medication-assisted treatment for opioids in the past year

**Comments:** Respondents were classified as receiving medication-assisted treatment for opioids in the past year if they reported receiving treatment in the past 12 months for their use of illicit drugs, and ever used heroin and/or ever misused prescription pain relievers, and indicated that they used medication prescribed by a doctor or other health professional in the past 12 months to help reduce or stop the use of opioids.

Respondents were classified as having an opioid use disorder if they met criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), for heroin use disorder, prescription pain reliever use disorder, or both in the past year.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 060702161

**Measure Title:** Received medication-assisted treatment for opioids in the past year among people aged 12 or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 12 and over

**Numerator:** Subset of the denominator who received medication-assisted treatment for opioids in past year

**Comments:** Respondents were classified as receiving medication-assisted treatment for opioids in the past year if they reported receiving treatment in the past 12 months for their use of illicit drugs, and ever used heroin and/or ever misused prescription pain relievers, and indicated that they used medication prescribed by a doctor or other health professional in the past 12 months to help reduce or stop the use of opioids.

Respondents were classified as having an opioid use disorder if they met criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), for heroin use disorder, prescription pain reliever use disorder, or both in the past year.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

## 6.8 Musculoskeletal Disease

**Measure ID:** 060801051

**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 to 2014 and 2017 to 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

**Data Sources:** CDC, NCHS, 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:** 60901011

**Measure Title:** Doctor's office and 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 to 2011 and 2016 to 2017

Population characteristics: Age, sex, race, ethnicity, location of patient residence

**Data Sources:** CDC, NCHS, NAMCS and NHAMCS

**Denominator:** U.S. civilian noninstitutionalized population with doctor's office or emergency department

**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:** 060901031

**Measure Title:** Deaths per 1,000 adult hospital admissions with pneumonia, age 18 and over

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI20)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and

self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 060901041

**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, State

Years available:

National: 2004 to 2017

State: 2008 to 2017

Population characteristics: Age, ethnicity, race, gender, foreign born

**Data Sources:** CDC, 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: American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines:

**Treatment of Drug-Susceptible Tuberculosis. Clinical Infectious Diseases®** 2016;63(7):e147–95

For a discussion of completion of tuberculosis therapy, refer to Technical Notes of the publication:

**Reported tuberculosis in the United States, 2019**, available at:

<https://www.cdc.gov/tb/statistics/reports/2019/default.htm>

### 6.9.3 Management of Asthma

**Measure ID:** 060903011

**Measure Title:** People with current asthma who are now taking preventive medicine daily or almost daily (either oral or inhaler)

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

**Table Description:**

Geographic representation: National

Years available: 2018 to 2019

Population characteristics: 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 who currently have active asthma

**Numerator:** Subset of the denominator who report taking preventive medicine on a daily or almost daily basis (either oral or inhaler)

**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. Survey question changed in 2018 and the data from 2018 and later are not comparable with previous years' data.

**Measure ID:** 060903041

**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, 2013, and 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

**Data Sources:** CDC, NCHS, 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:** 060903043

**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, 2013, and 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

**Data Sources:** CDC, NCHS, NHIS

**Denominator:** Persons with current asthma

**Numerator:** Subset of the denominator who reported they received appropriate response to an asthma episode

**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:** 060903044

**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, 2013, and 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

**Data Sources:** CDC, NCHS, 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 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:** 060903051

**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 2019

Population characteristics: 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 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.

## Chapter 7. Healthy Living

### 7.1 Maternal and Child Health

**Measure ID:** 070101011

**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: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**Denominator:** Live births to U.S. residents

**Numerator:** Live-born infants whose birth weight was under 2,500 grams

**Comments:** Excluded States that did not use the 2003 Revision to Birth Certificate.

**Measure ID:** 070101021

**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: 2018 and 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**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:** Early and adequate prenatal care is based on the Adequacy of Prenatal Care Utilization Index and defined as prenatal care beginning by the 4th month of pregnancy and including 80% or more of the recommended number of visits.

**Measure ID:** 070101031

**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)

**Table Descriptions:**

Geographic representation: National

Years available: 2000 to 2017

Population characteristics: Mother's age, sex, race, ethnicity, and geographic location

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

**Denominator:** Live births to U.S. residents with birth weight less than 1,500 grams

**Numerator:** Subset of the denominator who died within the first year

**Comments:** Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander characteristics from all 50 states and the District

of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

**Measure ID:** 070101033

**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)

**Table Descriptions:**

Geographic representation: National

Years available: 2000 to 2017

Population characteristics: Mother's age, sex, race, ethnicity, and geographic location

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

**Denominator:** Live births to U.S. residents with birth weights 1,500-2,499 grams

**Numerator:** Subset of the denominator who died within the first year

**Comments:** Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander characteristics from all 50 states and the District of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

**Measure ID:** 070101034

**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)

**Table Descriptions:**

Geographic representation: National

Years available: 2001 to 2017

Population characteristics: Mother's age, sex, race, ethnicity, and geographic location

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

**Denominator:** Live births to U.S. residents with birth weights 2,500 grams or more

**Numerator:** Subset of the denominator who died within the first year

**Comments:** Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander characteristics from all 50 states and the District of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

**Measure ID:** 070101035

**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)

**Table Descriptions:**

Geographic representation: National

Years available: 2000 to 2017

Population characteristics: Mother's age, sex, race, ethnicity, and geographic location

**Data Sources:** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

**Denominator:** Live births to U.S. residents, all birth weights

**Numerator:** Subset of the denominator who died within the first year

**Comments:** Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race

**218 | 2022 National Healthcare Quality and Disparities Report Measure Specifications**

categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander subgroups from all 50 states and the District of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

**Measure ID:** 070101051

**Measure Title:** Infants born in the calendar year who received breastfeeding exclusively through 3 months

**Measure Source:** Healthy People 2020 MICH-21.4

**Table Descriptions:**

Geographic representation: National, State

Years available:

National: 2009 to 2018

State: 2016 to 2018

Population characteristics: Income, race/ethnicity, sex, mother's age, mother's education, health insurance, geographic location, mother's marital status, U.S. born, receiving Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

**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 ages 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://wayback.archive-it.org/5774/20211119104323/https://www.healthypeople.gov/node/4862/data\\_details](https://wayback.archive-it.org/5774/20211119104323/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:** 070201011

**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:** 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: 2019

Population characteristics: 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 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). Non-respondents 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.

Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only. Data before 2019 were dropped because the estimates were not comparable with 2019 data.

**Measure ID:** 070201012

**Measure Title:** Adults who do not smoke now

**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: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

**Data Sources:** NHIS, CDC/NCHS

**Denominator:** Number of adults aged 18 years and over

**Numerator:** Subset of the denominator who are not smoking now

**Comments:** Estimates are age adjusted to the 2000 U.S. standard population.

**Measure ID:** 070201021

**Measure Title:** Adults who do not smoke now

**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: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

**Data Sources:** NHIS, CDC/NCHS

**Denominator:** Number of adults aged 18 years and over

**Numerator:** Subset of the denominator who are not smoking now

**Comments:** Estimates are age adjusted to the 2000 U.S. standard population.

**Measure ID:** 070201031

**Measure Title:** Children ages 2-19 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), National Health and Nutrition Examination Survey (NHANES)

**Table Descriptions:**

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, family income, ethnicity

**Data Sources:** CDC, NCHS, NHANES

**Denominator:** Children 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:** 070201032

**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), National Health and Nutrition Examination Survey (NHANES)

**Table Descriptions:**

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, race, ethnicity

**Data Sources:** CDC, NCHS, 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:** 070201041

**Measure Title:** Children ages 2-19 with obesity

**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

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, income, race/ethnicity

**Data Sources:** CDC, NCHS, 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:** 070201053

**Measure Title:** Adults with obesity who do not now 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 to 2016, and 2018

Population characteristics: 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 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. Since the 2018 MEPS survey redesign, body mass data are collected in even years only. 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:** 070201061

**Measure Title:** Children ages 2-17 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 have

**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 2018

Population characteristics: 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 Source:** 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 Non-respondents 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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070201081

**Measure Title:** Children ages 2-17 for whom a health provider gave advice within the past 2 years about eating healthy

**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 2018

Population characteristics: 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 Source:** 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 Non-respondents and "Don't Know" responses. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070201091

**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 to 2016, and 2018

Population characteristics: 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 age 18 and over

**Numerator:** Adults with a body mass index (BMI) of 30 or greater, excluding pregnant women

**Comments:** Since the 2018 MEPS redesign, body max data are available in even years only.

**Measure ID:** 070201092

**Measure Title:** Adults age 20 and over with obesity

**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

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, education, income, race/ethnicity

**Data Sources:** CDC, NCHS, NHANES

**Denominator:** Adults age 20 and over

**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:** Obesity is body mass index (BMI) at or above the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts. Pregnant females were excluded from analysis. Estimates are age adjusted to the 2000 standard population using 3 age groups, ages 20-39, 40-59, and 60 and over. Age categories are not adjusted.

**Measure ID:** 070201101

**Measure Title:** Adults who do not now 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 2019

Population characteristics: 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 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.

**Measure ID:** 070201111

**Measure Title:** Adults ages 18 and over with obesity who had a physician office visit for counseling or education related to diet or nutrition

**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: 2005 to 2016

Population characteristics: sex, race/ethnicity, geographic location of physician office

**Data Sources:** CDC, NCHS, NAMCS

**Denominator:** Physician office visits by adults age 18 and over with a body mass index greater than or equal to 30 kilograms per square meters based on documentation in the medical record of obesity, regardless of the diagnosis for the current visit

**Numerator:** Physician office visits by adults with obesity for counseling or education related to diet or nutrition

### 7.3 Functional Status Preservation and Rehabilitation

**Measure ID:** 070301011

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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 <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070301021

**Measure Title:** Home health care patients whose ability to get in and out of bed improved

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2020

Population characteristics: Age, gender, race/ethnicity, health insurance

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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 <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070301031

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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 <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070301041

**Measure Title:** Home health care 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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070301051

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070301061

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

## 7.4 Supportive and Palliative Care

**Measure ID:** 070401011

**Measure Title:** Long-stay nursing home residents with moderate to severe pain

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

### Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2017, 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070401021

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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 or 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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070401031

**Measure Title:** Low-risk long-stay nursing home residents with loss of control of their bowels or bladder

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070401041

**Measure Title:** Long-stay nursing home residents with physical restraints

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070401051

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2017, 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070401061

**Measure Title:** Home health care patients whose shortness of breath decreased

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070401081

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070401091

**Measure Title:** Home health care 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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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:** Further information about HHQI measures is available at <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070401101

**Measure Title:** Home health care 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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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:** Further information about risk adjustment and the HHQI measures is available at: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070401111

**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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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:** Further information about HHQI measures is available at:

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>.

The sample included the latest episode per patient in each calendar year, excluding patients who were not able to walk or without pain at initial assessment. The estimates are not risk-adjusted.

## 7.5 Clinical Preventive Services

### 7.5.1 Adult Preventive Care

**Measure ID:** 070501011

**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, State

Years available:

State: 2014, 2016, and 2019

National: 2019

Population characteristics: Age, race, ethnicity, health insurance, income, education, location of residence, and disability status

**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:** 070501012

**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

**Tables:**

Geographic representation: National, States and DC

Years available:

States: 2004 to 2017

National: 2000 to 2017

Population characteristics: Age, race, ethnicity

**Data Sources:** 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 population of many counties along the Gulf Coast of Louisiana, Alabama, Mississippi, and Texas were displaced in the fall of 2005 by Hurricanes Katrina and Rita, resulting in incomplete case ascertainment for the latter half of the year. For these states, state- and county-level incidence rates were calculated based upon the data as it was submitted to CDC. Incidence rates in the Data Visualizations tool may differ from those in other publications.

**Measure ID:** 070501021

**Measure Title:** Women ages 21-65 who received a Pap smear in the last 3 years or human papillomavirus vaccines (HPV) in the last 5 years

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, States

Years available:

State: 2014, 2016, and 2019

National: 2019

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, residence location

**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, excluding women who had a hysterectomy or diagnosed with cervical cancer

**Numerator:**

National: Women ages 21-29 in the denominator who report receiving a Pap smear within the last 3 years or human papillomavirus vaccines within past 5 years

State: Women in the denominator 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. Denominator also excluded women who did not provide valid answer to the questions about the pap smear, human papillomavirus vaccines, or time of the tests or vaccines.

**Measure ID:** 070501022

**Measure Title:** Cervical cancer diagnosed at advanced stage per 100,000 women age 20 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 and DC

Years available:

State: 2004 to 2017

National: 2000 to 2017

Population characteristics: Age, race, ethnicity

**Data Sources:** CDC NPCR, NCI SEER

**Denominator:** Number of women age 20 and over

**Numerator:** Subset of denominator with a new invasive cervical cancer diagnosed in the survey years

**Comments:** Invasive cervical cancer is defined as cancer that has spread from the surface of the cervix to tissue deeper in the cervix or to other parts of the body. Estimates include all invasive tumors.

National estimates are age-adjusted to the 2000 US standard population (19 age groups—Census P25-1130). State estimates are age-adjusted to the 2000 US standard million population by 5-year age groups.

Historically, cancer stage 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.

The population of many counties along the Gulf Coast of Louisiana, Alabama, Mississippi, and Texas were displaced in the fall of 2005 by Hurricanes Katrina and Rita, resulting in incomplete case ascertainment for the latter half of the year. For these states, state- and county-level incidence rates were calculated based upon the data as it was submitted to CDC. Incidence rates in the Data Visualizations tool may differ from those in other publications.

**Measure ID:** 070501031

**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: 2019

State: 2014, 2016, and 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

**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, excluding adults with a diagnosed colon cancer

**Numerator:** Number of adults ages 50 to 75 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, a Cologuard test (FIT-DNA) in the past 3 years, or a CT colonography (“virtual colonoscopy”) in the past 5 years. State: 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. Denominator also excluded adults who did not provide valid answer to the questions about the tests or time of the tests.

**Measure ID:** 070501032

**Measure Title:** Colorectal cancer diagnosed at advanced stage per 100,000 adults age 50 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 and DC

Years available:

State: 2004 to 2017

National: 2000 to 2017

Population characteristics: Age, race, ethnicity

**Data Sources:** CDC NPCR, 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.

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.

The population of many counties along the Gulf Coast of Louisiana, Alabama, Mississippi, and Texas were displaced in the fall of 2005 by Hurricanes Katrina and Rita, resulting in incomplete case ascertainment for the latter half of the year. For these states, state- and county-level incidence rates were calculated based upon the data as it was submitted to CDC. Incidence rates in the Data Visualizations tool may differ from those in other publications.

**Measure ID:** 070501041

**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: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

**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 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:** 070501042

**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 to 2019

National: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

**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:** 070501061

**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 to 2019

National: 2009 to 2018

Population characteristics: 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:** 070501062

**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 to 2018

Population characteristics: 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 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:** 070501071

**Measure Title:** Adults age 65 and over 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 to 2019

National: 2004 to 2018

Population characteristics: 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:** 070501081

**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, State

Years available: 2016 to 2019



Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**Data Sources:** AHRQ, 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. Risk-adjusted rates are available in the AHRQ QI v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 070501091

**Measure Title:** High-risk adults ages 18-64 at who ever received a pneumococcal vaccination

**Measure Source:** Healthy People 2020

**248 |** 2022 National Healthcare Quality and Disparities Report Measure Specifications

**Table Descriptions:**

Geographic representation: National, States

Years available:

State: 2013 to 2019

National: 2000 to 2018

Population characteristics: 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:** 070501101

**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 to 2019

National: 2000 to 2018

Population characteristics: 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:** 070501111

**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 2018

Population characteristics: Age, sex, race, ethnicity

**Data Sources:** CMS, Hospital Quality Initiative, 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:** 070501131

**Measure Title:** Adults age 18 and over 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 adults age 18 and over and the estimates are not age-adjusted. Information and data for OH-7 are available at: <https://wayback.archive-it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> (accessed 26Sep2022).

**Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2019

Population characteristics: 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 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.”

**Measure ID:** 070501132

**Measure Title:** Adults age 18 and over 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 NHQDR measure is for all adults age 18 and over. Information and data for OH-8 are available at: <https://wayback.archive-it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> (accessed 26Sep2022).

#### **Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2019

Population characteristics: 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 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.”

## 7.5.2 Childhood Immunization

**Measure ID:** 070502011

**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 to 2018

Population characteristics: 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:** 070502021

**Measure Title:** Children ages 19-35 months who received 4 or more doses of diphtheria-tetanus-pertussis vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available:

National: 2001 to 2018

State: 2000 to 2018

Population characteristics: 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:** 070502022

**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

Years available:

National: 2001 to 2018

State: 2000 to 2018

Population characteristics: 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:** 070502023

**Measure Title:** Children ages 19-35 months who received 1 or more doses of measles-mumps-rubella vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available:

National: 2001 to 2018

State: 2000 to 2018

Population characteristics: 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:** 070502025

**Measure Title:** Children ages 19-35 months who received 3 or more doses of hepatitis B vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available:

National: 2001 to 2018

State: 2000 to 2018

Population characteristics: 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:** 070502026

**Measure Title:** Children ages 19-35 months who received 1 or more doses of varicella vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available:

National: 2001 to 2018

State: 2000 to 2018

Population characteristics: 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:** 070502027

**Measure Title:** Children ages 19-35 months who received 4 or more doses of pneumococcal conjugate vaccine

**Measure Source:** Healthy People 2020

**255 | 2022 National Healthcare Quality and Disparities Report: Measure Specifications**



**Table Descriptions:**

Geographic representation: National, State

Years available:

National: 2010 to 2018

State: 2011 to 2018

Population characteristics: 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:** 070502028

**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

Years available:

National: 2009 to 2018

State: 2011 to 2018

Population characteristics: 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:** 070502031

**Measure Title:** Adolescents ages 13-15 years who received 1 or more doses of meningococcal conjugate vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: 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 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:** 070502033

**Measure Title:** Adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: 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 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:** 070502041

**Measure Title:** Adolescents females ages 13-15 who received 3 or more doses of human papillomavirus (HPV) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, 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 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:** 070502042

**Measure Title:** Adolescents females ages 16-17 who received 3 or more doses of human papillomavirus (HPV) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, 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 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:** 070502043

**Measure Title:** Adolescents males ages 13-15 who received 3 or more doses of human papillomavirus (HPV) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: Race, ethnicity, 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 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:** 070502044

**Measure Title:** Adolescents males ages 16-17 who received 3 or more doses of human papillomavirus (HPV) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: Race, ethnicity, 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 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:** 070502045

**Measure Title:** Adolescents ages 13-15 who received 3 or more doses of human papillomavirus (HPV) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: 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 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:** 070502046

**260 | 2022 National Healthcare Quality and Disparities Report Measure Specifications**

**Measure Title:** Adolescents ages 16-17 who received 3 or more doses of human papillomavirus (HPV) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: 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 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:** 070502051

**Measure Title:** Adolescents ages 13-15 who received 1 or more doses of tetanus-diphtheria-acellular pertussis (Tdap) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: 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:** 070502052

**Measure Title:** Adolescents ages 16-17 who received 1 or more doses of tetanus-diphtheria-acellular pertussis (Tdap) vaccine

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: 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:** 070502061

**Measure Title:** Children ages 6 months to 17 years who received influenza vaccination in the last flu season

**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 to 2018

Population characteristics: Age, race/ethnicity, health insurance, income, race/ethnicity, sex

**Data Sources:** CDC, NCHS, NHIS

**Denominator:** Number of children ages 6 months to 17 years

**262 | 2022 National Healthcare Quality and Disparities Report Measure Specifications**

**Numerator:** Subset of the denominator who reported they received influenza vaccination

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

**Measure ID:** 070502071

**Measure Title:** Adolescents ages 13-15 years (excluding adolescents who have had varicella)vaccinated with at least 2 doses of varicella

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Income, race, ethnicity, sex, 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 of adolescents ages 13-15 (excluding adolescents who have had varicella)

**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:** 070502072

**Measure Title:** Adolescents ages 16-17 years (excluding adolescents who have had varicella) vaccinated with at least 2 doses of varicella

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Income, race, ethnicity, sex, 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 of adolescents ages 16-17 (excluding adolescents who have had varicella)

**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.

### 7.5.3 Other Childhood Preventive Care

**Measure ID:** 070503011

**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 2018

Population characteristics: 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 Source:** 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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070503021

**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://wayback.archive-it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> (accessed 26Sep2022).

**Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2019

Population characteristics: 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 Source:** 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:** 070503023

**Measure Title:** Children ages 5-17 with untreated dental caries

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National

Years available: 2001 to 2004, 2005 to 2008, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, 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:** 070503025

**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 NHQDR measure is for children ages 2-17. Information and data for OH-8 are available at: <https://wayback.archive-it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> (accessed 26Sep2022).

#### **Table Descriptions:**

Geographic representation: National

Years available: 2002 to 2019

Population characteristics: 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 Source:** 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:** 070503032

**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 2018

Population characteristics: 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 Source:** 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 Non-respondents as well as "Don't Know" responses. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070503041

**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 2018

Population characteristics: 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 Source:** 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 Non-respondents and "Don't Know" responses. Since the 2018 MEPS, survey redesign data for this measure are collected in even years only.

**Measure ID:** 070503042

**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 the 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 2018

Population characteristics: 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 Source:** 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

**Comments:** Due to 2018 MEPS redesign, data from 2018 may not be comparable with previous years' data. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070503043

**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 the 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:**

**268 |** 2022 National Healthcare Quality and Disparities Report Measure Specifications

Geographic representation: National

Years available: 2002 to 2018

Population characteristics: 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 Source:** 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.

**Comments:** Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070503044

**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 2018

Population characteristics: 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 Source:** 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

**Comments:** Due to 2018 MEPS redesign, data from 2018 may not be comparable with previous years' data. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070503045

**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 2018

Population characteristics: 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 Source:** 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 Non-respondents and "Don't Know" responses. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

**Measure ID:** 070503061

**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)

**Measure Source:** Healthy People 2020

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Age, ethnicity, race, sex, income, insurance, location of 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:** Children ages 0-17

**Numerator:** Subset of the denominator who received a wellness checkup in the past 12 month

**Comments:** This measure is defined based on three survey questions, 1), time since last saw doctor; 2), was the last visit a wellness visit; and 3), time since last wellness visit. Children who visited a doctor in last 12 months (question 1) and the visit was a wellness checkup (question 2) are included in Numerator. Children who answered “Within the past year “ or “anytime less than 12 months ago” to the third question are also included in the Numerator. Children who never visited a doctor, or visited a doctor one year ago, or visited a doctor within one year but the visit was not for wellness checkup are considered not received a wellness checkup. A small fraction of children without clear answer for the three questions are excluded from the Denominator.

## 7.5.4 Overall Preventive Care

**Measure ID:** 070504011

**Measure Title:** Long-stay nursing home residents who were assessed and appropriately given a seasonal influenza vaccination

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

### Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070504021

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070504031

**Measure Title:** Short-stay nursing home patients who had flu vaccination appropriately given

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070504041

**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), Nursing Home Assessment files, Minimum Data Set (MDS)

**Table Descriptions:**

**273** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

**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.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 07Sep2022).

**Measure ID:** 070504051

**Measure Title:** Home health care 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: 2015 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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:** Further information about HHQI measures is available at: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 070504061

**Measure Title:** Home health care 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: 2015 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

## Chapter 8. Affordable Care

### 8.1 Financial Burden of Health Care Cost

**Measure ID:** 080101011

**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: 2002 to 2019

Population characteristics: 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 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:** 080201011

**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 to 2019

Population characteristics: 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 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:** 080201021

**Measure Title:** People unable to get or delayed in getting needed medical care, dental care, or prescription medicines due to cost

**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: 2018 to 2019

Population characteristics: 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 with a usual source of care

**Numerator:** Subset of the denominator reporting not able to get or delayed of getting needed medical care, dental care, or prescription medications due to cost

**Comments:** This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR had a measure of “people unable to get or delayed in getting medical care, dental care, or prescription medications due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting needed medical care, dental care, or prescription medications.

**Measure ID:** 080201022

**Measure Title:** People unable to get or delayed in getting needed medical care due to cost

**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: 2018 to 2019

Population characteristics: 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 with a usual source of care

**Numerator:** Subset of the denominator who were unable to get or delayed in getting needed medical care due to cost

**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).

This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR had a measure of “people unable to get or delayed in getting medical care due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting needed medical care.

**Measure ID:** 080201023

**Measure Title:** People who were unable to get or delayed in getting needed dental care due to cost

**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: 2018 to 2019

Population characteristics: 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

**278 | 2022 National Healthcare Quality and Disparities Report Measure Specifications**

**Denominator:** U.S. civilian noninstitutionalized with a usual source of care

**Numerator:** Subset of the denominator who were not able to get or delayed in getting dental care due to cost

**Comments:** This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR has a measure of “people unable to get or delayed in getting dental care due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting dental care.

**Measure ID:** 080201024

**Measure Title:** People unable to get or delayed in getting needed prescription medicines due to cost

**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: 2018 to 2019

Population characteristics: 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 with a usual source of care

**Numerator:** Subset of the denominator who were unable to get or delaying in getting needed prescription medications due to cost

**Comments:** This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR has a measure of “people unable to get or delayed in getting prescription medications due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting prescription medications.

**Measure ID:** 080201031

**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, State

Years available: 2013 to 2015 and 2017 to 2019

Population characteristics: 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 age 18 and over

**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:** 090501011

**Measure Title:** Adults treated at a HRSA supported health centers who received weight screening and follow-up

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2011 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090501012

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2011 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090501021

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2008 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090501031

**Measure Title:** Patients ages 5-64 treated at a HRSA supported health centers with diagnosed asthma who have an acceptable pharmacological treatment plan

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2017 to 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Patients ages 5-64 treated at a HRSA supported health centers with diagnosed asthma

**Numerator:** Subset of the denominator who have an acceptable pharmacological treatment plan

**Measure ID:** 090501041

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2011 to 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Adults tobacco users treated at a HRSA supported health center

**Numerator:** Subset of the denominator who received cessation advice or medication

**Measure ID:** 090501051

**Measure Title:** Adults ages 50-75 treated at a HRSA supported health centers with appropriate screening for colorectal cancer

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2012 to 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Adults ages 50-75 with a medical visit during the measurement period at a HRSA supported health center

**Numerator:** Subset of the denominator who received appropriate screening for colorectal cancer

**Measure ID:** 090501061

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090501071

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090502011

**Measure Title:** Distribution of visits to HRSA health centers by service category

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2017, 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090502021

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090502031

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090502041

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090502051

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090502061

**Measure Title:** Patients treated at HRSA supported health center who had at least one visit for substance use disorder service

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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 use disorder service

**Measure ID:** 090502071

**Measure Title:** HRSA supported health center clinic visits where services were provided by a physician

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2007 to 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Number of visits to a HRSA supported health centers

**Numerator:** Subset of the denominator where services were provided by a physician

**Measure ID:** 090502081



**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2007 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090502082

**Measure Title:** HRSA supported health center services provided by a nurse

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 090503081

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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

**Measure ID:** 090503091

**Measure Title:** Virtual visits per 1,000 medical visits to HRSA supported health centers

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Total number of medical visits to HRSA supported health centers

**Numerator:** Number of medical visits to HRSA supported health centers which were virtual visits

**Measure ID:** 090503101

**Measure Title:** Virtual visits per 1,000 dental visits to HRSA supported health centers

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Total number of dental visits to HRSA supported health centers

**Numerator:** Number of dental visits to HRSA supported health centers which were virtual visits

**Measure ID:** 090503111

**Measure Title:** Virtual visits per 1,000 mental healthcare visits to HRSA supported health centers

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Total number of mental healthcare visits to HRSA supported health centers

**Numerator:** Number of mental healthcare visits to HRSA supported health centers which were virtual visits

**Measure ID:** 090503121

**Measure Title:** Virtual visits per 1,000 vision visits to HRSA supported health centers

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Total number of vision visits to HRSA supported health centers

**Numerator:** Number of vision visits to HRSA supported health centers which were virtual visits

**Measure ID:** 090503131

**Measure Title:** Virtual visits per 1,000 substance abuse visits to HRSA supported health centers

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Total number of visits to HRSA supported health centers for substance abuse services

**Numerator:** Number of visits to HRSA supported health centers for substance abuse services which were virtual visits

## Chapter 15. Supplemental Measures

### 15.1 Access to Care Measures

### 15.1.1 Getting Appointments for Care

**Measure ID:** 0150101011

**Measure Title:** Adults who had an appointment for routine health care in the last 6 months who sometimes or never got an appointment for routine care as soon as needed, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 needed

**Measure ID:** 0150101012

**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 needed, Medicare Managed care

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 needed

**Comments:** Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 0150101013

**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 needed, Medicare fee-for-service

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 needed

**Comments:** Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 0150101021

**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 needed, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 needed

**Measure ID:** 0150101031

**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 needed, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 needed

**Measure ID:** 0150101032

**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 needed, Medicare managed care

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 needed

**Comments:** Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 0150101033

**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 needed, Medicare fee-for-service

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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 needed



**Comments:** Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

### 15.1.3 Workforce Diversity

**Measure ID:** 150103061

**Measure Title:** Distribution of total healthcare occupations

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: None

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** U.S. total healthcare occupations

**Numerator:** Number of each type of the healthcare occupations as indicated by the occupation code of either OCCP or SOCP

**Comments:** The percentages in the data table are distributions of each healthcare occupation over the total number of healthcare occupations.

**Measure ID:** 150103071

**Measure Title:** Distribution of physicians

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of physicians in the United States identified by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of physicians in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of physicians in each race/ethnicity group over the total number of physicians in the U.S.

**Measure ID:** 150103081

**Measure Title:** Distribution of registered nurses

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of registered nurses as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of registered nurses in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of registered nurses in each race/ethnicity group over the total number of registered nurses in the U.S.

**Measure ID:** 150103091

**Measure Title:** Distribution of therapists

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of therapists as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of therapists in each race/ethnicity group

**Comments:** Therapists include occupational therapists, physical therapists, radiation therapists, recreational therapists, respiratory therapists, speech-language pathologists, and exercise physiologists. The percentages in the data table are distributions of therapists in each race/ethnicity group over the total number of therapists in the U.S.

**Measure ID:** 150103101

**Measure Title:** Distribution of healthcare aides

**Measure Source:** U.S. Census, American Community Survey.

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of healthcare aides as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of healthcare aides in each race/ethnicity group

**Comments:** Aides include nursing, psychiatric, home health, occupational therapy, and physical therapy assistants and aides. The percentages in the data table are distributions of healthcare aides in each race/ethnicity group over the total number of healthcare aides in the U.S.

**Measure ID:** 150103111

**Measure Title:** Distribution of healthcare technologists

**Measure Source:** U.S. Census, American Community Survey.

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of healthcare technologists as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of healthcare technologists in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of healthcare technologists in each race/ethnicity group over the total number of healthcare technologists in the U.S.

**Measure ID:** 150103121

**Measure Title:** Distribution of pharmacists

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of pharmacists as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of pharmacists in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of pharmacists in each race/ethnicity group over the total number of pharmacists in the U.S.

**Measure ID:** 150103131

**Measure Title:** Distribution of emergency medical technicians and paramedics

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

299 | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of emergency medical technicians and paramedics as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of emergency medical technicians and paramedics in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of emergency medical technicians and paramedics in each race/ethnicity group over the total number of emergency medical technicians and paramedics in the U.S.

**Measure ID:** 150103141

**Measure Title:** Distribution of advanced practice registered nurses

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of advanced practice registered nurses as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of advanced practice registered nurses in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of advanced practice registered nurses in each race/ethnicity group over the total number of advanced practice registered nurses in the U.S.

**Measure ID:** 150103151

**Measure Title:** Distribution of dentists

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of dentists as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of dentists in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of dentists in each race/ethnicity group over the total number of dentists in the U.S.

**Measure ID:** 150103161

**Measure Title:** Distribution of physician assistants

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of physician assistants as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of physician assistants in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of physician assistants in each race/ethnicity group over the total number of physician assistants in the U.S.

**Measure ID:** 150103171

**Measure Title:** Distribution of licensed vocational nurses and licensed practical nurses

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of licensed vocational nurses and licensed practical nurses as indicated by the occupation code of either OCCP or SOCP in the United States.

**Numerator:** Number of licensed vocational nurses and licensed practical nurses in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of licensed vocational nurses and licensed practical nurses in each race/ethnicity group over the total number of licensed vocational nurses and licensed practical nurses in the U.S.

**Measure ID:** 150103181

**Measure Title:** Distribution of other healthcare practitioners

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of other healthcare practitioners as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of other healthcare practitioners in each race/ethnicity group

**Comments:** Other health practitioners include physician assistants, medical assistants, dental assistants, chiropractors, dietitians and nutritionists, optometrists, podiatrists, and audiologists, as well as massage

therapists, medical equipment preparers, medical transcriptionists, pharmacy aides, veterinary assistants and laboratory animal caretakers, phlebotomists, and healthcare support workers. The percentages in the data table are distributions of other healthcare practitioners in each race/ethnicity group over the total number of other healthcare practitioners in the U.S.

**Measure ID:** 150103191

**Measure Title:** Distribution of psychologists

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of psychologists as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of psychologists in each race/ethnicity group

**Comments:** Psychologists include clinical/counseling, school and other psychologists. The percentages in the data table are distributions of psychologists in each race/ethnicity group over the total number of psychologists in the U.S.

**Measure ID:** 150103201

**Measure Title:** Distribution of substance abuse and addiction counselors

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey



**Denominator:** Total number of substance abuse and addiction counselors as indicated by the occupation code of either OCCP or SOCP in the United States

**Numerator:** Number of substance abuse and addiction counselors in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of substance abuse and addiction counselors in each race/ethnicity group over the total number of substance abuse and addiction counselors in the U.S.

**Measure ID:** 150103211

**Measure Title:** Distribution of other healthcare occupations

**Measure Source:** U.S. Census, American Community Survey

**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

**Data Sources:** U.S. Census, American Community Survey

**Denominator:** Total number of other healthcare occupations which are not specified in other categories in the United States

**Numerator:** Number of other healthcare occupations in each race/ethnicity group

**Comments:** The percentages in the data table are distributions of other healthcare occupations in each race/ethnicity group over the total number of other healthcare occupations in the U.S.

### 15.1.4 Focus on the Healthcare Safety Net

**Measure ID:** 0150104011

**Measure Title:** Short-term acute 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: 2012 to 2019

Population characteristics: United States region of hospital, ownership or control of hospitals, hospital teaching status, and hospital bed size

**Data Source:** 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 in the enables analyses of rare conditions, uncommon treatments, and special patient populations. Observed (un-adjusted) rates are reported.

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> accessed 07Sep2022).

**Measure ID:** 0150104012

**Measure Title:** Cost of short-term acute hospital charges 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 to 2019

Population characteristics: United States region of hospital, ownership or control of hospitals, hospital teaching status, and hospital bed size

**Data Source:** 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 in the enables analyses of rare conditions, uncommon treatments, and special patient populations. Observed (un-adjusted) rates are reported.

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> accessed 07Sep2022).

### 15.1.7 Patient Perceptions of Need

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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:** 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, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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:** 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, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

**309** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

Geographic representation: States

Years available: 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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:** 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, Medicaid

**Measure Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for the 2017 NHQDR report.

## 15.3 Person-Centered Care

### 15.3.1 Patient Experience of Care

**Measure ID:** 150301012

**Measure Title:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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:** 150301013

**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, 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**



Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 150301015

**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, 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Sources:** State: AHRQ, CQIPS, CAHPS Database

**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:** 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, and 2019

Population characteristics: 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 Source:** 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. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 150301022

**Measure Title:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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:** 150301041

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months 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: 2002 to 2017, and 2019

Population characteristics: 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 Source:** 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?" Non-respondents 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Before 2017, NHQDR used "Sometimes or never" estimates. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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 listened carefully

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2019

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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:** 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, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

**Data Sources:** AHRQ, CQIPS, CAHPS Database



**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

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

**Data Sources:** AHRQ, CQIPS, CAHPS Database

**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:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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:** 150301081

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months 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 to 2017, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 150301082

**Measure Title:** Children who had a doctor's office or clinic visit in the last 6 months 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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:** 150301101

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months 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: 2002 to 2017, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 150301102

**Measure Title:** Children who had a doctor's office or clinic visit in the last 6 months 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

**Data Sources:** CAHPS Database

**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:** 150301112

**Measure Title:** Rating of health care 0-6 on a scale from 0 (worst grade) 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 (worst grade) to 10 (best grade)

**Comments:** Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 150301113

**Measure Title:** Rating of health care 0-6 on a scale from 0 (worst grade) 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 (worst grade) to 10 (best grade)

**Comments:** Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 150301115

**Measure Title:** Rating of health care 0-6 on a scale from 0 (worst grade) 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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States



Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**Denominator:** Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 12 months, Medicaid

**Numerator:** Subset of the denominator whose parents gave a rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade)

**Measure ID:** 150301191

**Measure Title:** Adult hospital patients who always had good communication with doctors in the hospital

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems(HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: 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:** 150301201

**Measure Title:** Adult hospital patients who always had good communication with nurses in the hospital

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems(HCAHPS)

**Table Descriptions:**

**328 |** 2022 National Healthcare Quality and Disparities Report Measure Specifications

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: 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:** 150301211

**Measure Title:** Adult hospital patients who strongly agree that they understood how to manage their health after discharge

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2014 to 2019

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

**Data Sources:** CMS, HCAHPS

**Denominator:** Adult hospital patients

**Numerator:** Subset of the denominator who strongly agree that they understood how to manage their health after discharge

**Comments:** The measure flipped from "Strongly disagree or disagree" to "Strongly agree" from 2017 NHQDR report.

**Measure ID:** 150301221

**Measure Title:** Adult hospital patients who strongly agree that they understood the purpose for taking each of their medications after discharge

**Measure Source:** Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2014 to 2019

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

**Data Sources:** CMS, HCAHPS

**Denominator:** Adult hospital patients

**Numerator:** Subset of the denominator who strongly 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 " from 2017 NHQDR report.

## 15.4 Care Coordination

### 15.4.2 Preventable Emergency Department Visits

**Measure ID:** 0150402011

**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: 2006 to 2019

**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. Observed (un-adjusted) rates are reported.

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> accessed 07Sep2022).

**Measure ID:** 0150402021

**Measure Title:** Composite measure: Emergency department visits with a principal diagnosis related to mental health, alcohol, or substance use disorder, 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 to 2019

Population characteristics: Age, sex, median household income of patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

**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 specification ID HCUP\_52; ICD-10-CM coding for substance use listed under measure specification ID HCUP\_53. 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> accessed 07Sep2022).

**Measure ID:** 0150402031

**Measure Title:** 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 Description**

Geographic representation: National

Years available: 2016 to 2019

Population characteristics: 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

ICD-10-CM Code	ICD-10-CM Description
<b>Vascular dementia</b>	
F0150	Vascular dementia without behavioral disturbance
F0151	Vascular dementia with behavioral disturbance
<b>Dementia in other diseases classified elsewhere</b>	
F0280	Dementia in other diseases classified elsewhere without behavioral disturbance
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance
<b>Unspecified dementia</b>	
F0390	Unspecified dementia without behavioral disturbance
F0391	Unspecified dementia with behavioral disturbance
<b>Delirium, not induced by alcohol and other psychoactive substances</b>	
F05	Delirium due to known physiological condition
<b>Alzheimer's disease</b>	
G300	Alzheimer's disease with early onset
G301	Alzheimer's disease with late onset
G308	Other Alzheimer's disease
G309	Alzheimer's disease, unspecified

**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. Observed (un-adjusted) rates are reported.

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](http://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).

**Measure ID:** 0150402041

**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 Description**

Geographic representation: National

Years available: 2016 to 2019

Population characteristics: 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

ICD-10-CM Code	ICD-10-CM Description
<b>Vascular dementia</b>	
F0150	Vascular dementia without behavioral disturbance
F0151	Vascular dementia with behavioral disturbance
<b>Dementia in other diseases classified elsewhere</b>	
F0280	Dementia in other diseases classified elsewhere without behavioral disturbance
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance
<b>Unspecified dementia</b>	
F0390	Unspecified dementia without behavioral disturbance
F0391	Unspecified dementia with behavioral disturbance
<b>Delirium, not induced by alcohol and other psychoactive substances</b>	
F05	Delirium due to known physiological condition

ICD-10-CM Code	ICD-10-CM Description
<b>Alzheimer's disease</b>	
G300	Alzheimer's disease with early onset
G301	Alzheimer's disease with late onset
G308	Other Alzheimer's disease
G309	Alzheimer's disease, unspecified

**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. Observed (un-adjusted) rates are reported.

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](http://www.hcup-us.ahrq.gov/reports/methods/methods.jsp)).

### 15.4.3 Preventable Hospitalizations

**Measure ID:** 0150403021

**Measure Title:** Composite measure: Hospitalizations for all conditions 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, State

Years available: 2016 to 2019

Population characteristics: 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, v2020.1

**Denominator:** U.S. resident population age 18 and over

**Numerator:** Adults with hospitalizations who qualified for any of the following PQI 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 10: Dehydration

- PQI 11: Bacterial pneumonia
- PQI 12: Urinary tract infections
- 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 11 AHRQ PQIs for asthma, bacterial pneumonia, chronic obstructive pulmonary disease, heart failure, dehydration, diabetes, hypertension, 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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 0150403041

**Measure Title:** Composite measure: Hospital admissions for all conditions per 100,000 population, 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, State

Years available: 2016 to 2019

Population characteristics: 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, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**336 |** 2022 National Healthcare Quality and Disparities Report Measure Specifications

**Measure ID:** 0150403051

**Measure Title:** Composite measure: Hospital admissions for acute conditions 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, State

Years available: 2016 to 2019

Population characteristics: 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, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding

rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 0150403061

**Measure Title:** Composite measure: Hospital admissions for acute conditions per 100,000 population, 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, State

Years available: 2016 to 2019

Population characteristics: 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, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and

self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 0150403081

**Measure Title:** Composite measure: Hospital admissions for chronic conditions 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, State

Years available: 2016 to 2019

Population characteristics: 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, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 0150403101

**Measure Title:** Composite measure: Hospital admissions for chronic conditions per 100,000 population, 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, State

Years available: 2016 to 2019

Population characteristics: 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, v2020.1

**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 v2020.1 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

## 15.4.4 Potentially Harmful Services Without Benefit

**Measure ID:** 0150404012

**Measure Title:** Perforated appendixes per 1,000 admissions with appendicitis, age 18 and over, in Indian Health Service, tribal, and contract hospitals

**Measure Source:** Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

**Table Descriptions:**

Geographic representation: National

Years Available: 2003 to 2020

Population characteristics: Age, sex

**Data Source:** IHS, NPIRS, NDW

**Denominator:** Inpatient discharges containing a diagnosis code for appendicitis in Indian Health Service, Tribal, and contract hospitals

**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:** 0150404021

**Measure Title:** Hospital admissions for urinary tract infections per 100,000 population age 18 and over in Indian Health Service area

**Measure Source:** Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

**Table Descriptions:**

Geographic representation: National

Years Available: 2003 to 2020

Population characteristics: Age, sex

**Data Source:** IHS, NPIRS, NDW

**Denominator:** American Indian and Alaska Native population age 18 and over in Indian Health Service areas

**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.

## 15.4.5 Electronic Health Records in Hospitals or in Physician Practices

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2012 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019



Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.



**Measure ID:** 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: 2013 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

**Measure ID:** 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: 2014 to 2019

Population characteristics: 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 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 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

**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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 who have an electronic-prescribing 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 for guideline-based interventions or screening tests

**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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 history and 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 history and 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 use any computerized 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 use any computerized 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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:** 150405084

**Measure Title:** Office-based physicians who have a computerized system for hospital 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 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

**Data Sources:** CDC, NCHS, 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 summaries

## 15.5 Effectiveness of Care

### 15.5.2 Diabetes

**Measure ID:** 0150502022

**Measure Title:** Hospital admissions for uncontrolled diabetes, per 100,000 population age 18 and over in Indian Health Service areas

**Measure Source:** Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

**Table Descriptions:**

Geographic representation: National

Years Available: 2000 to 2020

Population characteristics: Age, sex

**Data Source:** IHS, NPIRS, NDW

**Denominator:** American Indian and Alaska Native population age 18 and over in Indian Health Service areas

**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:** 0150502023

**Measure Title:** Hospital admissions for short-term complications of diabetes per 100,000 population age 18 and over in Indian Health Service areas

**Measure Source:** Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

**Table Descriptions:**

Geographic representation: National

Years Available: 2000 to 2020

Population characteristics: Age, sex

**Data Source:** IHS, NPIRS, NDW

**Denominator:** American Indian and Alaska Native population age 18 and over in Indian Health Service areas

**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.

### 15.5.3 HIV/AIDS

**Measure ID:** 0150503018

**Measure Title:** Ryan-White HIV patients with at least one HIV care visit and at least 2 ambulatory visit dates at least 90 days apart during the year

**Measure Source:** Health Resources and Services Administration (HRSA), Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau

**Table Descriptions:**

Geographic representation: National, State

Years available: 2010 to 2018

Population characteristics: Age, income, insurance, sex, race/ethnicity, housing status, transmission risk

**Data Sources:** 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 1<sup>st</sup>

**Comments:** The Ryan White HIV/AIDS Program (RWHAP) and the Ryan White Program Services Report (RSR) comment.

**Measure ID:** 0150503019

**Measure Title:** Ryan-White HIV patients with at least one HIV care visit and most recent viral load <200 during the year

**Measure Source:** Health Resources and Services Administration (HRSA), Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau

**Table Descriptions:**

Geographic representation: National, State

Years available: 2010 to 2018

Population characteristics: Age, income, insurance, sex, race/ethnicity, housing status, transmission risk

**Data Sources:** 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:** The Ryan White HIV/AIDS Program (RWHAP) and the Ryan White Program Services Report (RSR) comment.

### 15.5.4 Mental Health & Substance Use Disorder

**Measure ID:** 0150504021

**Measure Title:** Received any mental health treatment or counseling in the past year among people aged 18 or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 18 and over

**Numerator:** Subset of the denominator who reported receipt of mental health treatment or counseling in the past year

**Comments:** Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 0150504031

**Measure Title:** Received outpatient mental health treatment or counseling in the past year among people aged 18 or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 18 and over

**Numerator:** Subset of the denominator who reported receipt of outpatient mental health treatment or counseling in the past year

**Comments:** Use of outpatient mental health treatment or counseling is defined as respondents aged 18 or older reporting that they received outpatient mental health services in the past year.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded.

Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 0150504041

**Measure Title:** Received prescription medication as a type of mental health service in past year among people aged 18 or older

**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: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 18 and over

**Numerator:** Subset of the denominator who reported receipt of prescription medications for treatment of a mental health condition or problem in the past year

**Comments:** Respondents were classified as having used prescription medication as a mental health service if they reported taking prescription medications prescribed for them to treat a mental or emotional condition.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and

**371** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

## 15.5.6 Maternal & Child Health

**Measure ID:** 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: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**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

**Comments:** Low-risk cesarean rate is defined as the number of singleton, term (37 or more weeks of gestation based on obstetric estimate), cephalic, cesarean deliveries.

**Measure ID:** 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

Years Available: 2007 to 2017

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**Denominator:** Live births to U.S. residents

**Numerator:** Children born via cesarean delivery to mothers who were low risk and with prior cesarean births

**Comments:** Low-risk cesarean rate is defined as the number of singleton, term (37 or more weeks of gestation based on obstetric estimate), cephalic, cesarean deliveries.

**Measure ID:** 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)

**Table Descriptions:**

Geographic Representation: National

Years Available: 2009 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**Denominator:** Live births to U.S. residents

**Numerator:** Subset of the denominator who were born via cesarean delivery

**Measure ID:** 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

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**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:** 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

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**Denominator:** Live births to U.S. residents

**Numerator:** Subset of the denominator who were born at 34 to 36 weeks of gestation

**Measure ID:** 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

Years Available: 2008 to 2016

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**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:** Prenatal care data in this report represent the trimester prenatal care began for mothers residing and giving birth in the 38 states and the District of Columbia using the 2003 Standard Certificate of Live Birth in 2012 (California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin, and Wyoming). This information is collected from the question "Date of first prenatal visit".

In general, data on prenatal care utilization based on the 2003 revised birth certificate are substantially lower than those based on the 1989 birth certificate. Much, if not all of the difference is related to changes in reporting and not to changes in prenatal care utilization.

Completeness of reporting varies by item and state. One state was missing responses on more than 10% of the birth certificates (GA-13.3%). The impact of the comparatively high level of unknown data is not clear. Comparisons including information from this state should be made with caution.

More detailed information is available in the 2012 Natality Data Users Guide:

[https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/DVS/natality/UserGuide2012.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2012.pdf).

## 15.5.7 Others

**Measure ID:** 0150507011

**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 to 2018

Population characteristics: Age, sex, race, ethnicity



**Data Sources:** CMS, Hospital Quality Initiative, HIQR 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  $\geq 4$  mmol/L within three hours of septic shock presentation. Within six hours of presentation of septic shock vasopressors should be given (for hypotension that does not respond to initial fluid resuscitation or lactate is  $\geq 4$  mmol/L) and reassessment of volume status and tissue perfusion performed.

**Comments:** Information and resources regarding this measure can be accessed on *QualityNet* at <https://qualitynet.cms.gov/>, 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.

## 15.6 Lifestyle Modification

**Measure ID:** 0150602021

**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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

### Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 who sometimes or never got advice to quit smoking from provider

**Measure ID:** 0150602022

**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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

**Measure ID:** 0150602023

**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), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

**Table Descriptions:**

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

**Data Source:** AHRQ, CQIPS, CAHPS Database

**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 for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

## 15.7 Affordable Care

### 15.7.1 Financial Burden of Health Care Cost

**Measure ID:** 0150701041

**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 to 2019

Population characteristics: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and region of hospital

**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 6<sup>th</sup> 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 5<sup>th</sup> character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5. 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> accessed 07Sep2022).

**Measure ID:** 0150701042

**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 to 2019

Population characteristics: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and region of hospital

**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 6<sup>th</sup> 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 5<sup>th</sup> character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5. 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> accessed 07Sep2022).

**Measure ID:** 0150701043

**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 to 2019

Population characteristics: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and region of hospital

**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 6<sup>th</sup> 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 5<sup>th</sup> character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5. 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> accessed 07Sep2022).

## 15.7.2 Cost of Hospitalization

**Measure ID:** 150703021

**Measure Title:** Cost for hospitalizations for urinary tract infection, 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

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> accessed 07Sep2022).

**Measure ID:** 150703031

**Measure Title:** Cost for hospitalizations for urinary tract infection, 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety

event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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)

**Table Descriptions:**

Geographic representation: National

Years available: 2016 to 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals,



excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703071

**Measure Title:** Cost for hospitalizations for chronic obstructive pulmonary disease, 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703081

**Measure Title:** Cost for hospitalizations for community-acquired 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703091

**Measure Title:** Cost for 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 2019

Population characteristics: race/ethnicity, median income of patient's ZIP code

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703111

**Measure Title:** Cost for 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703121

**Measure Title:** Cost for 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 2019

Population characteristics: race/ethnicity, median income of patient's ZIP code

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety



event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703131

**Measure Title:** Cost for 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals,



excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703141

**Measure Title:** Cost for 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 2019

Population characteristics: race/ethnicity, median income of patient's ZIP code

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703151

**Measure Title:** Cost for hospital admissions for 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 2019

Population characteristics: race/ethnicity, median income of patient's ZIP code

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**Denominator:** Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for 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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703161

**Measure Title:** Cost for 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703181

**Measure Title:** Cost for hospitalizations for heart failure, 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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**Measure ID:** 150703191

**396 | 2022 National Healthcare Quality and Disparities Report Measure Specifications**

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were

excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the



selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.



Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

**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 2019

**Data Sources:** AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

**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 Web site (<https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp>). 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 Medicare, Medicaid, private insurance, and self-pay/no charge. 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.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. 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> accessed 07Sep2022).

## Chapter 17. Retired Measures

**Measure ID:** 300201082

**Measure Title:** Home health care patients who had multifactor fall risk assessment, age 18 and over and ambulatory

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**Denominator:** Number of home health quality episodes ending with discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions

**Numerator:** Number of home health quality episodes in which patients had a multi-factor fall risk assessment at start/resumption of care

**Measure ID:** 300201141

**Measure Title:** Home health care patients who had depression assessment, United States

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

**Table Descriptions:**

Geographic representation: National, State

Years available: 2013 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**Denominator:** Number of home health quality episodes ending with discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions

**Numerator:** Number of home health quality episodes in which patients had a depression assessment

**Measure ID:** 300201161

**Measure Title** People with a usual source of care who presented and explained all treatment options

**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 2019

Population characteristics: 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 with a usual source of care

**Numerator:** Subset of the denominator who reported that their health care providers explained and provided them with all treatment options

**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 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: 2002 to 2017, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**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: 2002 to 2017, and 2019

Population characteristics: 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 Source:** 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. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 300206031



**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

**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, and 2019

Population characteristics: 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 Source:** 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?" Non-respondents 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**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: 2002 to 2017, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 300206051

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months 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: 2002 to 2017, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 300206061

**Measure Title:** Children who had a doctor's office or clinic visit in the last 12 months 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, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 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: 2002 to 2017, and 2019

Population characteristics: 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 Source:** 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:** Non-respondents and "Don't Know" responses were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

**Measure ID:** 300304016

**Measure Title:** Home health care 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 to 2020

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

**Data Source:** CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

**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 <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

**Measure ID:** 300603012

**Measure Title:** Adult hemodialysis patients with adequate dialysis - (Kt/V) 1.2 or higher  
**411** | 2022 National Healthcare Quality and Disparities Report: Measure Specifications

**Measure Source:** University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

**Table Descriptions:**

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, ESRD Cause, Ethnicity, Race, Sex

**Data Sources:** ESRD Integrated Data Sources used by UM-KECC

**Denominator:** Total number of patient-months for patients who had end-stage renal disease (ESRD) for more than 90 days, were receiving hemodialysis in a facility in the state for at least one whole calendar month during the reporting period (i.e., “assigned” facility), and dialyzed thrice weekly the entire month

**Numerator:** Total number of patient-months with a Kt/V (K-dialyzer clearance of urea; t-dialysis time; V-patient’s total body water) value equal or higher than 1.2 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 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>. This measure is retired since the 2021 NHQDR.

**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: 2008 to 2019

Population Characteristics: Mother’s age, mother’s race, mother’s ethnicity, sex, and location

**Data Sources:** CDC, NCHS, NVSS-Natality

**Denominator:** Live births to U.S. residents

**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.

**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: 2007 to 2019

Population Characteristics: Mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, 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: 2007 to 2019

Population Characteristics: Mother's age, mother's race, mother's ethnicity, sex, and location

**Data Sources:** CDC, NCHS, 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:** 300811011

**Measure Title:** People under age 65 with private insurance whose family's 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: 2002 to 2019

Population characteristics: 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 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 2017 NHQDR.

**Measure ID:** 300905035

**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 (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2019

Population characteristics: State

**Data Sources:** HRSA

**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:** 300905037

**Measure Title:** HRSA supported health centers with electronic health record system installed

**Measure Source:** Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Uniform Data System (UDS)

**Table Descriptions:**

Geographic representation: State

Years available: 2010 to 2019

Population characteristics: State

**Data Sources:** HRSA

**Denominator:** Total number of HRSA supported health centers

**Numerator:** Number of HRSA supported health centers with electronic health record system installed

**Measure ID:** 301581041

**Measure Title:** Received inpatient mental health treatment or counseling in the past year among people aged 18 or older



**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

Years available: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 18 and over

**Numerator:** Subset of the denominator who reported receipt of inpatient mental health treatment or counseling in the past year

**Comments:** Respondents were classified as having received mental health services as an inpatient in the past 12 months if they reported staying overnight or longer in any of the following locations to receive treatment or counseling for any problem they were having with their emotions, nerves, or mental health: (1) private or public psychiatric hospital, (2) psychiatric unit of a general hospital, (3) medical unit of a general hospital, (4) another type of hospital, (5) residential treatment center, and (6) some other facility. Respondents could report receiving services in more than one inpatient setting.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

**Measure ID:** 301581051

**Measure Title:** Received substance use treatment in past year among people aged 12 or older

**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

Years available: 2020

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

**Data Sources:** SAMHSA, NSDUH, Quarters 1 and 4, 2020

**Denominator:** Population age 12 and over

**Numerator:** Subset of the denominator who received any substance use treatment in the past year

**Comments:** Respondents were classified as having received substance use treatment if they reported in the drug treatment section of the questionnaire that they received treatment in the past 12 months for their use of alcohol or illicit drugs at any location, such as a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), a mental health center, an emergency room, a private doctor's office, a self-help group, prison/jail, or some other place. 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.

Data prior to 2020 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2020 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.